The Public Health Nurse

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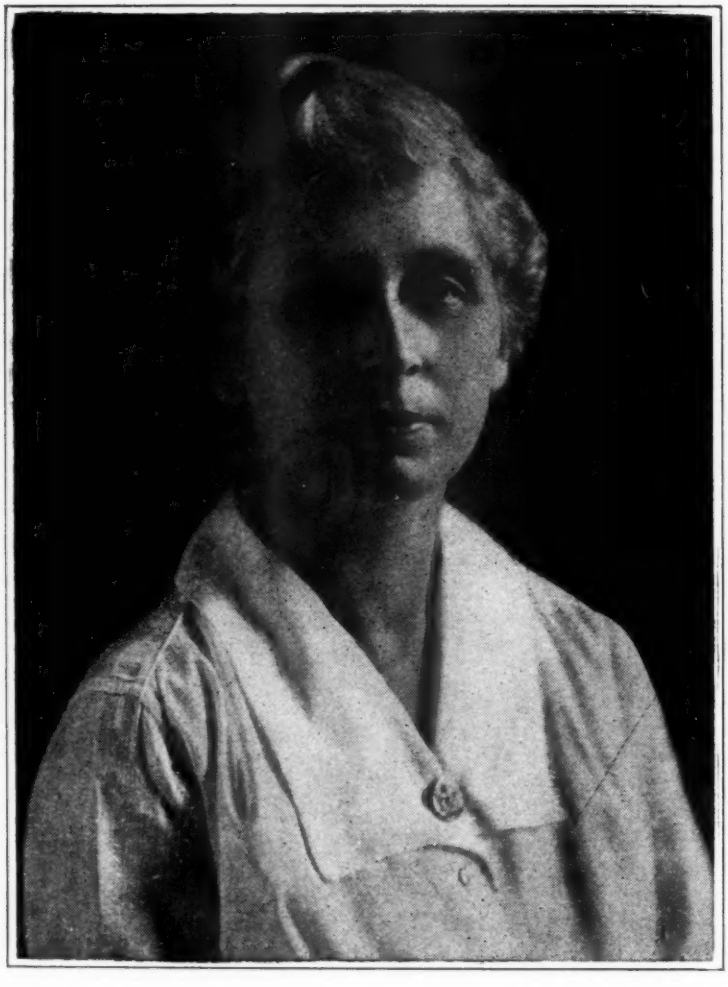
Conference on Rural Nursing

Biennial Convention, Atlantic City

The Nurse's First Visit

Edna L. Foley



Jane C. Allen, General Director, N.O.P.H.N., was born in Illinois in 1880 and spent her early life in Nebraska and Iowa. She was graduated from St. Luke's Hospital, Chicago, in 1903 and engaged in private duty nursing in Chicago 1903–07. From 1910 to 1916 she taught in the public schools in Oregon. In 1916 she joined the staff of the Visiting Nurse Association, Portland, Oregon, to do tuberculosis nursing. In 1918 she undertook and successfully carried through the organization of the county nursing for the Oregon Tuberculosis Association. She was Oregon State Advisory Nurse 1920–22 and Superintendent of the Tacoma, Washington, Public Health Nursing Association 1922–23. She became Executive Secretary of the Dutchess County, New York, Health Association in 1923, filling at the same time the position of lecturer in Nursing Education at Teachers College, Columbia University. In 1925 she was appointed instructor at Teachers College. She received her B.S. degree, Columbia University, February, 1925.

The PUBLIC HEALTH NURSE

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EDITORIAL

The year of the Biennial Convention is always attended by a certain amount of unsettling and readjusting, because, at that time, the members come together as a group and consciously "set their house in order" and also because of the fact that there are usually certain administrative changes brought about by the biennial elections. This should be a wholesome and stimulating period and an opportunity for clarifying issues, gaining new momentum and shaping a truer course. Any national organization, such as the N.O.P.H.N., with a widely scattered membership which comes together as an articulate group only once in two years, is the better for a periodical inspection, airing, re-oiling and readjusting its various parts for economy of motion, better coördination and generally smoother functioning. Such an overhauling of the N.O.P.H.N. was accomplished last spring and now national headquarters, revisioned and provisioned for a fresh start following the Atlantic City meetings, is once more ready for a two year stretch.

It is doubtful if very many understand and appreciate the full significance of the Biennial gathering of the membership to the officers and staff members of the N.O.P.H.N. Constantly keeping in mind, as they must, the fact that the N.O.P.H.N. is a bigger thing than a headquarters office set-up, the executives in all their thinking and in all their functioning are sincerely desirous of carrying out the wishes of the membership. The problem of maintaining such relationships with the field as will insure the requisite knowledge and understanding is an ever-present one. For this reason, the Biennial conferences are veritable recharging stations for the executive group. Nothing could be more acceptable and welcome in the interim period between Biennial meetings than a closer contact between headquarters and field. Suggestions and constructive criticisms from lay and nurse members are invited. The staff of the N.O.P.H.N. wants to know and be guided by the group it seeks to serve.

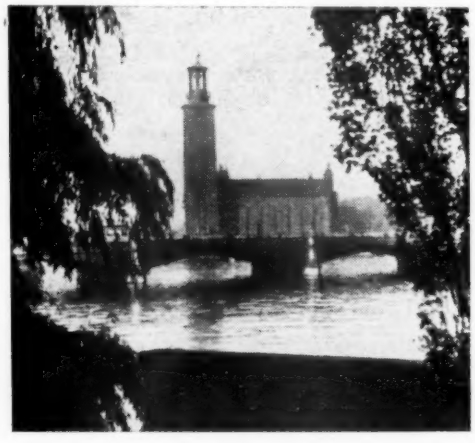
One "lead" which stood out in the Atlantic City business sessions has been delighting everybody—the growing consciousness on the part of the lay members. That this group, so vitally important in the public health nursing field, is beginning to recognize and acknowledge its place in the program is just cause for rejoicing. It does not appear too sanguine to express the hope that here in this phase of the N.O.P.H.N. whole, we are to see our next outstanding period of growth and development. If this be a true forecast, then the years immediately ahead are going to be full of interest and very real satisfaction. It is not unlikely that at our next Biennial meeting in Kentucky we will look back to to-day as the beginning of a new line of growth which will mean the opening up of hitherto undreamed-of possibilities. Of the members at the last Biennial or of those who have read the accounts in THE PUBLIC HEALTH NURSE, who has not felt an answering thrill to the new note which was struck by our lay members?

Thus, then, we face the future with new hope, fresh courage a clearer vision and, above all, with a strengthened purpose to make our N.O.P.H.N. more of a coördinated, self-conscious organization truly representing its membership. JANE C. ALLEN

CONCERNING THE NURSE-MIDWIFE

The dramatic and picturesque aspects of the work of the Kentucky Committee for Mothers and Babies presented in this number should not be allowed to obscure the far-reaching significance of this interesting demonstration—the only one in this country with its special features of sectional clinics within a county staffed by nurses not only with public health training but with midwifery certificates. To what further developments this demonstration may lead in Kentucky and other southern states no one now can predict, but its brief year of existence has probably already brought more to the fathers, mothers and babies of Leslie County than this report can inform us about.

It is also evident that the plan carried out by the Kentucky Committee presents a unique opportunity for the study of the possibilities which lie in further development of the central idea—nurses with sound, thorough and practical training in midwifery such as the Kentucky nurses have obtained in England—for other areas presenting similar problems. Perhaps in some bright future the inspiration for an endowed school for midwives which will offer in our country the training which our nurses can now only obtain in Europe may come out of this brave adventure conceived in the heart and mind of the first American nurse-midwife, Mary Breckinridge.



City Hall, Stockholm

Miss Anna Vogel, Superintendent of Nurses, Hospital for the Crippled, Gottenborg, Sweden, who has recently been in this country and who honored us by her presence at national nursing meetings in Atlantic City, sends us an account of the Northern Congress of Nurses which met in Stockholm, August 2 to 6, with an attendance of over 900 nurses from Sweden, Norway, Denmark, Finland and Iceland, including the chairmen of all these national associations.

The meeting began with a service in the "Great-Church," the oldest church in Stockholm, and was followed by a supper given by the town councillors to the visiting nurses in the new City Hall, with its unique architecture and audaciously modern decorations, set so graciously against the blue water ways of beautiful Stockholm. The business meetings were opened by Sister Bertha Wellin, with a representative of the Queen, the Prime Minister, the Director of the Medical School, and other distinguished guests present.

Among the subjects discussed were:

The Care of the Child, Miss Bergliot Larsson, Norway
Special Training for Care of Children, Miss Wellin, Sweden
The School Nurse and Preventive Hygiene, Miss Rachel Edgren, Finland
Care of the Sick in Country Places, Miss Nordenthal, Sweden
The Nurse and Her Development, Miss Christiane Reimann, Geneva

It was decided at this meeting that the Northern Congress should meet every fourth year, with committee meetings arranged for each year. The next Congress will be held in 1930 in either Finland or Iceland.

THE NURSE'S FIRST VISIT

By Edna L. Foley

Superintendent, The Visiting Nurse Association of Chicago

Editor's Note: Miss Foley's original article, under the title of "The First Call," appeared in the December, 1918, issue of The Public Health Nurse and until recently has been available in reprint form. It has been so deservedly popular that Miss Foley consented to re-write the article and has given us the privilege of printing it in The Public Health Nurse.

DURING the emergency work that followed the disastrous floods in Ohio in 1913, a request came in for the immediate investigation of a family not previously reported as in need. Aid of an expensive sort, involving transportation and the purchase of tools was asked. In order to make the family wholly independent, this had to be granted or refused within a few hours.

A nurse was sent out from relief headquarters to the address given, with instructions to get certain intimate data, including references, relatives and previous resources of the family for whom this aid had been solicited. She returned in about an hour with no information other than that the wife had refused to answer any questions and had finally closed the door in her face. This made things look rather black for the family but as the request seemed a reasonable one, a second visitor, a school-nurse, was assigned to the case. She came back in less than two hours with all the desired information and several other items of helpful interest. A little telephoning to the four responsible references whose names and addresses had been secured, elicited the information that the family in every way merited the help suggested and before night-fall the transfer of a skilled mechanic with his little family to a new field and a good position had been effected.

There had never been much doubt in the minds of those in charge of the relief-giving but that this family deserved this assistance, but to safeguard the whole group of sufferers, every appeal had to be carefully investigated in order that the money subscribed might cover the most pressing needs of all the families involved, and constructive aid of lasting benefit be given.

Comparison of Methods

This, of course, is a truism of any relief-giving, and does not need to be dwelt on here. Our interest lies in the fact that the first nurse only succeeded in arousing the indignation of the woman she was trying to help; whereas the second nurse not only got the desired information but made her hostess feel that both the visitor and the relief-committee were friends in need. Both nurses were graduates of good training schools, each one able in her own line, but the district experience of the second nurse enabled her to understand the method of approach to people in need of relief for the first time. Whereas the first visitor went to the front door, announced that she was from the Relief Committee, pulled out a card and in a perfectly courteous, business-like fashion began asking the questions printed thereon, the second nurse climbed over some rubbish (including a fence), knocked at the back door and inquired for the baby. As her feet were obviously wet, she was invited in to the warmth of the kitchen fire, where she was introduced to the sister of her hostess, who proved to be the very person she was seeking.

The sister, Mrs. F——, still angry from her previous interview with an "inquisitive stranger," required very little persuasion to make her tell the cause of her indignation. One query led to another and in a few minutes the nurse had much of the desired information. Then explaining why the Relief Committee had sent the previous

nurse to ask the questions which seemed so cruelly inquisitive to a woman bereft in one night of both home and income, the nurse assured the family that their request seemed to her a very fair one, that the opening for the husband was most providential, and that she believed that the assistance would be promptly granted, provided Mrs. F—— could give her three or four local references of standing to whom the Committee might refer. She further explained that this was merely good business protection for Mr. F——, and was the sort of thing any bank or firm would require. The reasonableness of this was so self-evident that Mrs. F—— not only gave the names willingly but insisted that the nurse write them down, lest she make a mistake in reporting them. With this information secured, the nurse further inquired about the clothing of the father and mother and two children, promised some extra garments for the little ones, cautioned the mother about boiling the drinking-water and bowed herself out of the back door, leaving behind her a changed atmosphere and two comforted women.

Simply being a school nurse does not always enable one to make these difficult investigations so skillfully, but the public health nurse who wishes to secure results in her chosen field must learn how to make a first call well, if she is going to be granted the privilege of making a second. To be sure, municipal nurses who are given police and truant-inspectors' powers, are usually able to effect an entrance into any house but no nurse should expect lasting results if she enters a family by virtue of her authority rather than as a friend. In this last lies the secret of her success, for a friend may instruct, advise, even censure, but an unwelcome visitor may only demand what is nominated in the bond.

First Impressions Lasting

In making a first call, a nurse should remember that first impressions are lasting and little details carry much weight in little minds. When there is more than one entrance, it is well to approach the house by way of the back door—busy housewives are more frequently in the kitchen than in the front of the house, and a rear-door approach gives an observant nurse a better opportunity to observe the condition of the alley, yard, garbage can, ice-box (if there be one) and kitchen.

Our school-mistresses used to tell us that a peep into a pupil's closet or bureau drawer portrayed her up-bringing and chief characteristics far more faithfully than did her annual examination papers, and a district nurse frequently feels that the condition of the kitchen reveals the family standard of living to a fairly accurate degree. Although the appearance and actual physical condition of the home and its surroundings should be carefully noted, it is not always wise or desirable to comment on these during the first call. If the patient is suffering with a communicable disease or the baby is in imminent danger of being poisoned by poorly kept milk, the necessary instructions must, of course, be given and enforced, if possible, but sometimes dust and dirt and other evidences of poor housekeeping may be ignored until a second visit.

A nurse, as a rule, is welcome in every district home. Often a serious acute illness or a prolonged chronic illness makes her presence desired. In these homes a first call is a simple matter. If the patient has been referred by a dispensary, a physician or an employer, a few words of introduction may be all that are needed to effect an entrance. The school nurse's call is usually heralded by the children who have seen her at school, or an old patient or a relative may send in a visiting nurse. Occasionally a call comes in from an unknown source, or the person referring the family has some good reason for having her name withheld. Then the district nurse must introduce herself, get the desired information and drive her advice or instructions home into, perhaps, unsympathetic ears, without any other aid

than that given by her native wit and her desire to help.

There are many reasons why a nurse goes into district homes, but three interest us most:

First, to help the patient and his family.
Second, to secure such information as will enable her organization to help this and future patients wisely.
Third, to demonstrate by the careful records of work done that the results obtained have been worth the time, labor and money expended.

If these three things are well done, the community is lastingly benefited, for no nurse can really help a district family if she neglects to observe and report the conditions that lower human vitality, nor can the organization which she represents prove its right to exist in these efficient days, if its statistics are buried in the minds of one or two individuals.

Statistical Data

In making a first call, certain information should be obtained but the questions should be asked naturally and the answers remembered, not written down in the presence of the family. If the spelling of the surname is particularly difficult, if measurements for a crutch, a belt or some other specific detail must be secured, a memorandum-book may be used, but ordinarily the rule that pencil and note-book are not to be used in the patient's presence, is a safe one to follow.

The name and address the nurse already has; the given name, sex, color, marital condition, age, birthplace and occupation are facts easily obtained in general conversation and are not very difficult to remember. The given names of the father and mother if the patient is a minor living at home, or of the husband or wife if either parent is the patient, are helpful identifying data in large cities where many families of the same surname may be on the books. The nativity of the patient's parents helps a nurse dealing with a large cosmopolitan district, and shows the different types of people among whom she is working. A little practice and forethought will teach every nurse these items, and their answers may be jotted down in a page-a-day book as soon as she is away from the house.

The diagnosis must be got from the attending physician, whose name may be secured from the family or the prescription on the medicine bottle, as the case may be. It is a constant surprise to a new district nurse to find that the patient frequently knows neither the name nor the correct address of the attending physician. The family knows how to go to his office or to secure him through a drug-store; still unless the patient is very ill and immediate conference with the physician is necessary, a note left for him, asking for his diagnosis and orders, usually secures his name, also, within twenty-four hours. Some organizations have *Standing Orders* which help a nurse very materially to make the first visit a simple one, but these *Standing Orders* rarely apply if the case is at all complicated and if the physician in charge of the patient is unknown to the nurse.

General Instructions

But observing the home and the patient's condition and getting this statistical data is not her chief duty. A nurse needs to do what she can to make a bed-patient or a surgical case comfortable, and should see if the family has supplies and understands how to care for the patient until her next visit. If no physician has been called or relief of any sort is needed, the family should be instructed how to apply for it or the nurse may make application for free medical or other care. Local custom must decide this procedure, for some cities prefer that these requests come from the visitor; others wish the family or a near relative to make the application. If the patient is acutely ill and much instruction is necessary, the most important items (*i.e.*, hours for medicine, nourishment, or changing the dressing) should be written down. If the condition is a chronic one and the patient

likely to receive many calls, simply the most important items should be mentioned in the first instruction. An initial lesson should not be too difficult —a family may become discouraged and then will not remember anything.

Other Agencies Concerned

Before making a second visit, the nurse should do her best to clear the patient through the local Social Service Registration or Social Service Exchange, as it may be known. No good public health nurse wants to spend time and energy making plans for a patient or a family when some other agency is working equally hard for this same family. If the Exchange shows that the family is known to other agencies, a plan that is really beneficial can hardly be worked out unless the nurse telephones or in some way gets in touch with workers in these other agencies, to see what they know about the family and if their experience will not be of value in enabling her to do her work well.

If the patient is to be turned over to another district or another organization, the family should be prepared for the new visitor and if possible, she (the visitor) should be warned so that she will not ask unnecessary questions or give conflicting advice on her first visit. A good visitor, whether public health nurse or social worker, never attempts to settle controversial data in a patient's home.

This makes a first call sound like a formidable undertaking. As a matter of fact, the desired information and observation may be made while the nurse is doing a dressing or taking a somewhat prolonged temperature. One soon learns to differentiate between good housing and bad housekeeping, between dirt and untidiness, between patients acquainted with all the methods of relief-getting and people in need for the first time. Experience coupled with sound observation and study teaches this.

Nurses forced in their youth to learn the multiplication table or the names and the dates of the rulers of England, will learn to appreciate and apply this homely method of memorizing details.

The public health nurse who wants to do lasting, constructive work, should read the advice given in 1876 by Charles Kingsley, entitled, The Work of Ladies in the Country Parish: "Visit whom, when and where you will; *but let your visits be those of women to women.* Consider to whom you go—to poor souls whose life, compared with yours, is one long *malaise* of body, and soul, and spirit—and do as you would be done by; instead of reproving and fault-finding, encourage, in Heaven's name, *encourage.*" *

* Scribner's 1892 Edition of Charles Kingsley's Letters and Memoirs of His Life, p. 223.

The Nineteenth Annual Meeting of the National Association of Colored Graduate Nurses was held at Philadelphia August 17–20. At the opening session Miss Petra Pinn, President, delivered the annual address, greetings were received from the National Medical Association and the Academy of Medicine and Allied Science, and an address "The Negro Public Health Nurse" was given by Dr. H. R. Landis, Director of the Clinical and Sociological Department of the Henry Phipps Institute. During the progress of the meeting other interesting addresses were heard, especially that by Dr. Aldrich R. Burton on Venereal Disease and Its Relation to Tuberculosis; that by Mabel D. Keaton, R.N., on the Tuberculosis Patient—From the Public Health Point of View and that by Carrie E. Bullock on Communicable Diseases. Miss Jane Van de Vrede spoke on General Principles of Nursing and Miss Belle Davis of the National Circle for Colored People gave an account of her work. The afternoon of the 18th the Association was entertained by the Mercy Hospital Alumni. The delegates visited the Philadelphia General Hospital and the Philadelphia Hospital for Contagious Diseases, the Henry Phipps Institute and the Douglass Memorial Hospital. The Association goes on record as endorsing the work of the National Health Circle for Colored People and the Institution for Registered Nurses to be conducted by the Atlanta School of Social Work at Atlanta, Ga. Carrie E. Bullock, R.N., was elected President and L. G. Warlick, R.N., First Vice-President.

CONFERENCE ON RURAL NURSING

Papers and discussions presented at Session, Biennial Convention, Atlantic City, May 18, 1926

Foreword: Dr. Steiner's presentation in this Conference of what might be termed a super-generalized rural field, should give all those interested in rural nursing a radically new viewpoint. Those who have done genuinely rural nursing realize the absolute necessity for organizing the work on the general service plan. All of us know that the rural nurse, with very rare exceptions, is the only worker going into the homes of her county who is at all prepared to cope with the social problems which may be found there, and all of us in the rural field have been doing our best to meet the demands adequately. It seems safe to say, however, that we have never before gone so far as Dr. Steiner does in conceiving the rural worker as neither straight social worker nor straight public health nurse but a combination of the two, the *only* worker to enter the rural home in the interests of all phases of family welfare. The comments and questions following Dr. Steiner's paper at the conference indicated that he had brought to us a stimulation and a pricking of interest which promises later thoughtful consideration of the new viewpoint.

The second topic of the conference, having to do with the problem of greater permanency for county public health nursing, evidently "struck home" to a pertinent and perplexing present problem in rural work. The discussion was lively; there was an interesting exchange of ideas and experiences in true N.O.P.H.N. round table form. The opinion which seemed to emerge towards the close of the session centered in the importance of increasing community understanding of and participation in the rural nursing program. County nursing, whether under official or non-official auspices, needs the support and backing of the citizens and in no other way will permanency be assured.

Taken all in all, the interest and enthusiasm manifest at the Conference on Rural Nursing certainly indicate that rural nursing is "on the map" and that rural nurses are alive to its problems.—*Jane C. Allen.*

THE COÖRDINATION OF PUBLIC HEALTH NURSING AND SOCIAL WORK IN RURAL COMMUNITIES

By Jesse F. Steiner, Ph.D.

Professor, Social Technology, University of North Carolina

IN spite of the vast progress during the past twenty-five years in the field of public health, no wide reaching efforts have yet been made to deal adequately with the health problems of rural communities. Here and there rural areas may be found where public health work has been notably successful, but such places are by no means typical of the general situation. On the whole county departments of public health function less efficiently where the population is scattered and isolated, and the same thing in general holds true of the work of voluntary health organizations.

That this should be so is not at all surprising in view of the difficulties inherent in rural conditions. The immense territory to be covered, the unimproved roads that make many isolated sections practically inaccessible during a part of the year, the lack of economic resources adequate for the support of a thoroughgoing health program, the traditional conservatism of the rural people, and the insufficient number of competent health workers are a few of the important factors that retard the progress of rural public health.

Besides, it must be kept in mind that the phenomenal growth of cities during the past half century has more and more strengthened urban leadership and brought about concentration of attack on city problems. The development of social work and public health has, in fact, grown out of the effort to deal with the problems of congested urban centers. The evils of congestion have overshadowed those of isolation and consequently rural problems have either been ignored or

regarded as of secondary importance. Rural public health as well as rural social work still remains in the pioneer stage of development and by no means commands a wide measure of public support. The little progress that has been made thus far in extending such services to the open country is largely due to the initiative of city leadership and has inevitably been patterned after the methods employed by urban organizations. Even in cases where there exist county wide health organizations the personnel is usually city trained, and the more isolated sections of their jurisdiction tend to be neglected both because of difficulties of transportation and lack of interest on the part of the rural people.

The combination of town and country in a single administrative unit seems, however, in spite of its present shortcomings to be the most logical method of developing adequate programs of health and public welfare. Its apparent failure thus far does not form a sufficient basis for working towards separate administration of rural programs. On the contrary, proper provision for capable leadership and financial support depends upon the equalization of resources through the union of rural and urban districts. Both surplus wealth and progressive ideas are in large measure products of city life, while the sparsely settled communities are held back not merely by insufficient economic resources but also by an inevitable conservatism growing out of the meager social contacts of the people. We need only to call to mind the status of rural district schools and country churches if we desire evidence of the belated growth of rural institutions as carried on under the traditional régime, a retardation that must be shared by the rural social and health programs in case their administration depends upon local resources alone.

The County Unit Plan

The first step, therefore, in the coördination of rural social and health work must be a plan of administration that will unite in an effective manner both rural and urban areas. In the majority of cases this will perhaps mean the use of the county as the most convenient and available administrative unit. There will, of course, be certain situations where the presence of rival cities in the county or peculiar topographic conditions may make the use of this political unit impracticable. Under such circumstances other divisions of the territory must be made that will provide in each administrative unit adequate leadership and financial support.

This proposal that city and country be united in a common administrative unit is by no means new. Various organizations have for years been operating on a county wide basis and apparently are convinced of the value of such a policy. This plan of organization, however, as has already been suggested, too frequently fails to accomplish satisfactory results in rural communities. While many factors enter into a full explanation of this failure to meet the rural situation, one of the outstanding difficulties is the lack of team work in the various programs designed to bring about community improvement. Increasing emphasis upon specialization of functions during the past generation has ushered into existence a multiplicity of agencies, all of which may be much needed but are exceedingly hard to regulate and guide in the interests of the community as a whole. The fields of public health and social work especially have been characterized by a variety of efforts to deal with social and health problems. The city with its congested population and large financial resources has been able to support without great difficulty this highly specialized approach to community welfare. In the more sparsely settled sections, however, it is becoming recognized that a high degree of specialization is unnecessary as well as economically unsound. Experiments are constantly being carried on for the purpose of discovering the extent to which coördination and combination

of functions are practicable in rural county programs. Usually such experiments are limited to some scheme of federation designed to decrease friction and promote greater efficiency. At the present time federation seems to be the most popular method of coördinating public health and social work, doubtless because it seems to promise so much without disturbing in any great degree the *status quo* of the agencies concerned.

Federation of Public Health and Social Work for Rural Communities

This problem of the coördination of public health and social work involves two entirely distinct programs, ordinarily operated independently although with many interests in common. Occasionally, as for example in the Red Cross, provision is made for the administration of both health and social welfare programs under the direction of the county chapter. In most cases, however, public health is promoted by departments of health and voluntary health organizations while the interests of social work are looked after by agencies organized for that purpose. Past precedent and current practice concur in regarding these fields as definitely belonging to two different professional groups. As far as the needs of cities are concerned this traditional division of function is readily defensible and apparently is necessary for the development of a high state of professional efficiency. But in rural communities the situation is radically different. Lack of adequate leadership and financial support may make the two programs sharply competitive so that the success of one may seriously impede the progress of the other. In counties where there are no large cities the advisability of unified administration of public health and public welfare to the greatest degree possible is a question that merits careful consideration.

Seeing Family Problems as a Whole

But entirely apart from problems of centralized administration, there is the further question of the possibility of combination of functions in the actual work on the field. The rural worker who journeys many miles into the open country to visit a family in distress should be able to see that family problem in all its aspects and be prepared to give whatever personal service is indicated, except of course in those cases where the aid of the physician or other specialist is needed. In the city the family case worker, the public health nurse, the school attendance officer, the probation officer, and the recreation leader may coöperate advantageously in working out a family problem, but in rural districts the long distances and the expense of transportation often make such a method of work entirely impracticable. The general practitioner rather than the highly specialized expert is the type of worker needed in the open country during this pioneer stage of dealing with rural problems. While our goal may very well be the same high grade of specialized service in both rural and urban areas, our attempt at the present time to apply city methods of procedure to rural districts is ill advised and is bound to lead to disappointing results.

Professional Bias a Stumbling Block.

The question at once arises whether this suggested combination of functions points the way to the solution of the problem of coördination of rural public health nursing and rural social work. Our first thought, of course, is of the serious difficulties involved in such a realignment of traditional methods of work. Professional bias, for example, stands out as one of the most troublesome obstacles to such a combination of duties. Public health nurses and social workers belong to their respective professional groups which are jealous of their status and insistent upon conformity to accepted methods and standards.

This provincial attitude perhaps is accentuated by the fact that both groups are not as well established as the older professions and consequently tend to exaggerate the importance of

their own techniques. At any rate, if the public health nurse with some social work experience is made responsible for this rural community work the social workers are quite likely to feel that social problems will be given very superficial attention. On the other hand, what is even more important, the public health nurse is almost sure to feel disinclined to turn aside from her chief professional interests to deal with social problems. Professional bias causes her to look upon the constructive service of the social worker as different in quality from the constructive service of the public health nurse, while as a matter of fact both types of work are essentially similar in principle and ought as far as possible to go hand in hand. The situation is not materially improved if the social worker with some knowledge of public health endeavors to serve the needs of the rural community. Under such leadership the tendency will be to build up a social service program in which public health may find a very minor part.

It is clear that the fundamental difficulty is a narrow professional outlook, too limited to visualize the community situation as a whole. Professional interests rather than the local community needs play too large a part in the development of the rural community program. The social worker magnifies the importance of the problems with which she is concerned, while the public health nurse insists that she is first of all a nurse and must give her time to her customary duties. In the present state of rural development, however, the proper place of emphasis is community welfare, and the worker assigned to this field achieves status in the rural community not because of any professional earmarks but through acceptance as a person who has identified herself with the interests of the rural people. From the point of view of the rural community, it matters little whether such a person is designated a public health nurse or a social worker.

Suggested Plan for a Generalized Service

Such a unified program covering a wide range of activities makes necessary of course the assignment of a smaller territory to each worker than has ordinarily been the custom in the promotion of rural work. A great loss of efficiency has resulted from the general policy of permitting a rural social or health worker to cover an entire county. Instead of having on the staff of a county wide organization a school attendance officer, probation officer, family case worker and public health nurse, all of whom cover the rural districts of the whole county, much more effective work could be done by dividing the rural territory into four districts with one well equipped community worker given responsibility for each district. This overcomes the objection of the rural people to visits from different workers and at the same time makes it possible to build the rural work on the solid foundation of personal relationship. In the city impersonal relationships are accepted as a matter of course, the chief thing demanded being professional skill, but among rural people the work must be sufficiently intensive to bring about intimate contacts on a neighborly basis.

This generalized service concentrated in relatively small rural districts calls for a staff of considerable size and is of course impracticable in a county where only one or two workers can be employed. In those counties, however, where there is such a small staff, we have perhaps tended to exaggerate the significance of such limited efforts to promote rural improvement. The assignment of a public health nurse and a social worker to an entire county is a mere gesture as far as effective work in rural communities is concerned. The actual territory covered by such workers is the county seat and a few of the adjacent towns with occasional emergency trips into rural sections. The title, county worker, sounds well but means little to the rural people because of the in-

frequent contacts and small amount of service rendered.

It is absurd under such circumstances to waste much time over the problem of coördination of rural public health nursing and social work. The more important problem is to get the work established on a scale sufficient to meet at least the more important needs of the rural districts. In counties where a fairly adequate staff of well trained community workers is available the assignment of each rural member of this staff to a definite district with full responsibility for the social and health problems of that territory will mean both economy in financial expenditures and an increase in the amount of work done. Great savings will be effected in time and money expended in travel and the more intensive work will make possible the development of local committees and leaders to assist in handling the problems in each community.

Revision of Training

A final problem involved in this proposed amalgamation of rural public health nursing and social work is the difficulty of securing adequately trained personnel willing to participate in such a realignment of professional activities. With present methods of training public health nurses and social workers, it is only the exceptional person who is competent to work in both fields. However much it may appear desirable to combine health and social welfare programs in rural communities, nothing will be gained by adopting a procedure that may result in the lowering of professional standards. It is by no means an impossible task to fill the double rôle of public health nurse and social worker, but it obviously cannot be done acceptably by a specialist trained in only one line of work. If the rural community worker of the future is to be skilled in both fields, this requirement can only be met by making radical changes in our traditional methods of preparation for health and social work.

After all, health service and social service are so closely related that it is not easy to find a strict line of demarcation between them. In their origin and development, they have been sponsored by different professional groups with the result that their differences have been emphasized much more than the things they have in common. The modern trend also toward specialization has made inevitable a widening gap that has at times been exceedingly hard to bridge. But when we lay aside professional prejudice and examine critically the specific tasks of the public health nurse and the social worker we can readily see how closely allied are their fields of work. Social problems and health problems exist side by side in the same family and community. The technique of case work is as applicable to the field of health as it is to social service. Skill in community organization is as necessary in building a program of health education as it is in establishing a community center. An intimate understanding of human nature and knowledge of the principles of social control are or should be fundamental requirements of both social workers and public health nurses. Each field, of course, as it becomes more fully developed branches off into specialized functions highly technical in nature which should be handled by the well trained specialist. Our more progressive centers of population demand and are well able to support elaborate programs that require skilled technicians of various kinds. But in the small village and open country the more elemental needs must be met before it will be possible to build a comprehensive program.

However impractical this proposed union of health and social forces may at first appear in the light of present traditions and methods, it suggests a mode of approach to rural problems that gives promise of being well adapted to the needs of the open country. The insistence at the present time that health service and social service shall be widely extended so as to be available wherever needed has brought a strain upon our resources that is

becoming increasingly hard to meet. There is already indication that the trend toward specialization has gone too far even in large cities and that, in the interests of a wider-reaching service, the pendulum must swing back in the direction of a greater combination of functions in closely allied fields of work. In the sparsely settled sections there can be no doubt that a policy of this kind would go far toward a solution of some of the most troublesome problems of community organization. Is it too much to hope that those interested in rural health and social programs will with open minds test out the possibility of joining forces in a more thoroughgoing manner than ever before, and thus perhaps lead the way to a plan of reorganization that may prove to be applicable to the city as well as to the open country?

DISCUSSION

In many of our rural sections the county public health nurse, or the community nurse, working in a more restricted territory, is frequently the only worker in the field of public welfare. Far removed, as she is in such unorganized sections, from the complex network of organizations found in the urban centers where her training was secured, she cannot hope to attack the problems she meets with any degree of success strictly according to the principles employed in her previous experience.

The nurse in such a field often has been grafted upon the community after some effort on the part of a national organization, a state board of health, or an enlightened minority group in the locality. As a consequence she finds herself with a community to reckon with where things are accomplished on a purely personal basis, and where there is no full realization of the possible value of such a professional worker.

The public health nurse's first task then in such a situation is to establish herself in that community as a useful person by assisting in the working out of its welfare problems as they present themselves rather than as a specialized professional worker. She must see the health problems of the community in their relationship to the various other aspects of its general community welfare, and work them out accordingly, taking into consideration their bearing on the problems of non-school attendance, recreation, juvenile delinquency, family welfare and poor relief.

An extreme example of the necessity of such an approach to the work of a public health nurse may be cited from personal experience.

Four years ago the Pine Mountain Settlement School, North Carolina, decided in a rather arbitrary way that the section surrounding it needed a public health nurse. By the grace of the School then, and the State Board of Health, which assisted with their project, I found myself the first public health nurse in Letcher County.

I learned very shortly after my arrival that my relationship to the neighbors was not clear. Their idea of a nurse was a person like those of their own number who came to stay during illness not only to care for the sick but also to perform any other necessary duties, all the way from milking the cow to doing the family washing. After visiting about the country it became obvious enough that before I could make any impression as a professional worker I would have to show that I could work as well as talk, which meant keeping house, cooking, caring for a horse, possibly milking a cow and the actual caring for children. And, as my success in the community seemed to hinge on these things, I began to plan my campaign by demonstrating that I could keep an attractive, clean and tidy house, bake muffins and properly feed, bridle and saddle my horse. My lamentable failure to learn to milk

a cow did not disqualify me in their eyes simply because I was later able to build up to rosy healthfulness a pale, puny mountain boy, whom I took in my cabin to live, through proper feeding and the observation of the simple rules of personal hygiene.

By seizing all opportunities afforded through the natural contact thus made I was gradually able to interpret my possibilities as a professional worker in the community.

Within two years I found myself called upon by the people within a radius of fifteen miles not only for advice and assistance at times of sickness among individual families, but to assist in working out health, behavior and recreation problems in the schools and the community. And later, the public officials, having had their attention drawn to the health work being done about the settlement, became receptive to the entreaties of the State Board of Health and subsequently employed a County Public Health Nurse.

This is perhaps an extreme instance of the necessity of the one worker tackling the job from its various angles. It has made me feel, however, that many of the same attitudes, both among the people themselves and the county officials, exist. The simplest possible plan must apparently be worked out in such rural sections. The public health nurse frequently seems to be the logical entering wedge for such work, but if she is to build well she must analyze her health problems in reference to the economic and social aspects of the home and its relationship to the existing outside institutions.

ANNE R. MEDCALF
Chapel Hill, N. C.

Whether the nurse is working in a city or in a rural community she must realize that two branches of public service, public health nursing and social service work, inevitably dovetail, though the need for the latter is probably greater in the rural community, due to its isolation, the scarcity of its workers, and the ignorance of its families and organizations on the subject of social problems.

It is therefore the duty of the nurse entering the community to acquaint herself with all the resources she has for rendering it constructive social service. Usually these are somewhat as follows:

Official and private state-wide organizations for welfare work.
County and town authorities.
Churches.
Schools.
Physicians.
Hospitals.
Clinics.
Employers.
The interested laity.

This being done, it also becomes part of her work to know when she needs to add social service to her nursing duties, which will usually be in such times and situations as the following:

During the follow-up work after a child health conference or a school medical examination, where parents are financially unable to have the needed corrections made.

During the progress of a pre-natal case where the mother cannot buy the prescribed amount of milk for herself.

In the former case it is the duty of the nurse to correlate her two branches of service by coöperation with a hospital, clinic or physician. In the latter she needs to know not only how to have the needed milk supplied, but how to help the father to get work. In every case of course she should know the difference between providing real help and pauperizing. It is often the exercise of a simple common-sense correlation of social service and public health work that wins the nurse the respect, confidence and coöperation of her community.

MARY D. DAVIS
New Hampshire State Board of Health

WHAT CAN BE DONE TO INSURE GREATER PERMANENCY TO COUNTY PUBLIC HEALTH NURSING

By RUTH HOULTON
Superintendent, Visiting Nurse Association, Minneapolis, Minn.

During the last eight years those interested in county public health nursing have known many moments of discouragement, for in the majority of states many services financed largely at first by Red Cross war funds or tuberculosis association money have been discontinued with the exhaustion of these funds. In one probably typical mid-western state for example the first full time county nurse began her work in 1917. In 1921 there were eighty-five county nurses in seventy-five counties. In 1926, there are but thirty-six county nurses in twenty-eight counties.

This sort of fluctuation has occurred all over the country, although the years for different stages of development have varied. In the far West I am told the low point was reached as early as 1922, and the number of services has increased since that time.

In any case, however, there has been no real cause for discouragement if one takes into consideration how slowly the public assimilates new ideas and how recent is the whole modern public health movement. It is only within the last hundred years, we are told, that the world has begun to realize "health as a purchasable thing," and only during the last ten to fifteen years has made, to quote Dr. Winslow, "the discovery of education as an instrument in preventing disease."

It is in connection with this educational phase of public health that public health nursing has become of prime importance. With very few individual exceptions there were no county public health nurses until the Red Cross initiated its Town and Country Nursing Service in 1912 and only within the last eight or nine years have there been county nurses in most of our states.

When we consider these facts we have some cause for congratulation rather than for discouragement, if nine years after the first county nurse began her work in a state there are thirty-six county nurses in that state, the majority partly or wholly supported by county appropriations.

There seems to me to be three main factors in the problem of how to secure permanency for county nursing. These are—

The nurse who gives the service.
The people in the area which she serves.
The organized groups, official and volunteer, with the backing of which she works.

The Part of the Nurse

Of these the nurse herself is doubtless the most important factor. The right nurse can do more to make the service permanent than any other single element, and certainly the wrong nurse can discontinue it the most quickly and for the greatest length of time. The successful county nurse must be one who will become part of her rural community and its interests. She must have some ability for leadership and see her job as largely one of organization.

Not enough, I think, has been done toward getting the employers of county nurses to recognize and demand the properly equipped person. The standards for qualifications as set by the Red Cross have helped greatly. The setting up of standards as accomplished by the report of the Committee on Qualifications for Public Health Nurses made to The American Public Health Association two years ago has helped. These standards, now officially adopted by The American Public Health Association, The National Organization for Public Health Nursing and The Conference of State and Provincial Health Authorities, form a necessary first step in creating a demand for well prepared Public Health Nurses.

The certification of nurses who come up to these or similar standards has been undertaken in some states. Where the employment of certified nurses only can be enforced by law, as in Wisconsin and California, this is immediately effective. In any case, the certification of nurses qualified for public health nursing does to some extent prevent the appointment of unprepared relatives of county officials and the like. It does also help to teach nurses themselves not to undertake work for which they are not equipped.

The difficulty found in persuading enough properly equipped nurses to undertake county nursing is still another aspect of the problem. During the pioneer days of this work county nurses have tended, it seems to me, to come from two classes—those not sufficiently efficient to meet the competition in more sought after fields, and those exceptional strong women with the missionary spirit willing to make great sacrifice for their work. The difficulty seems largely due to lack of organization of the work. Three provisions would, I believe, largely solve this part of the problem. These are—

A program which meets the greatest needs of the community, and at the same time makes provision for a sufficient nursing staff to carry it out without too greatly overtaxing the strength of the nurses.

A budget sufficient to carry the work until results can be shown certainly for more than one year.

Salaries graded with relation to length and value of the service rendered.

The Part of the Community

For the people served, as well as for the nurse, a definite though elastic program meeting the most pressing health needs of the community is important. Also a financial provision which shall give time for results to be shown. Besides this, efforts to obtain community participation must be made. Community participation may include the work of volunteers in almost every part of the nurse's activities. This is true not only because so great an amount of work must be accomplished by a single or by very few paid workers, but also because in no other way can the interest and enthusiasm of the people be aroused.

Health classes for women and young people help greatly to pave the way for this participation. Then too direct efforts to inform the people concerning the work are necessary to arouse their interest. Nurses, as a rule, are bad advertisers. They do not particularly excel in putting on exhibits or in public speaking. Much of this can be done by the volunteers above mentioned. Many nurses, however, fail to utilize opportunities to explain their activities to individuals and to small groups, and this may be an even more important method of getting interest.

A rural social worker once told me that she felt it necessary at the beginning to spend half of her time in explaining her work and I think many county nurses can well do more explaining. Some of the nurse's reluctance to explain comes from the confidential nature of the work, but much of it too is part of that traditional prejudice against discussing and sharing their interests which is so typical of the medical and its allied professions. I heard one man say to a group of nurses, " When you can't use names and places use the biblical phrase, 'A certain man lived in a certain country ' but don't waste the wealth of illustrative material at your hand through which you can interest the public."

The Part of the Assistant Groups

The third phase of the problem, the organized groups of people working with and backing the nurse, has many branches.

We all, no doubt, think first in this connection of the local board or committee. The organization and proper functioning of this committee has always been one of the problems in county nursing work. I think experience has proved that even if a small official group is finally selected as the legal advisory body, county nursing services still need the Red Cross plan of township sub-committees forming an auxiliary volunteer group to report

cases and work with the nurse. In this way the work has active supporters in every part of the county and the nurse is encouraged to divide her time so that every part of the county receives some of her service.

Other forces related to public health nursing are the national, state and legal groups organized for health work. Not only are they helping the nurse by stimulating public interest in health and by furnishing her material with which to work, but in many instances they are directly promoting the continuance of county nursing services, because as stated in the Rockefeller Report, the success of our modern campaign for health depends largely on the field worker, and the field worker in this country is usually the health nurse. So when there is an attempt by some group to carry out its own special program to reduce the amount of tuberculosis, or the maternal and infant death rate in a rural community, or when the state department of health starts a state wide campaign to reduce the amount of diphtheria through the use of toxin anti-toxin in the rural schools, an almost inevitable corollary is the demand for the services of the county nurse in carrying out the details of the program.

To me this increasing demand by these groups for the services of a nurse forms the most encouraging feature in the rural nursing situation at this time.

Then, beside the health organizations, there are those other groups which, while not devoting all their energies to health activities, do have an interest in health. The Federation of Women's Clubs is an example of this type and it has officially sponsored the promotion of rural public health nursing. Since there is a branch of the federated clubs in almost every community, this is often the most effective alliance a nursing service can make. One has only to consider the history of the Maternity and Infancy Act to realize what the united efforts of the women's groups can accomplish.

There is not time to permit even the mention of the many groups with which the nurse may work, but one which is of great importance and which too often does not as yet exist, should, I think, be emphasized and that is the division or the bureau of public health nursing in the state department of health.

A state leader of agricultural education whose work was the promotion of the county agents once told me he felt most of the failures to continue county nursing service in his state could be explained by the lack of a strong state group of this kind to give extra advice and every sort of expert help to the service. In the agricultural field he said they found it quite as important as the county worker himself. During this correlation state department nurses from all parts of the country have unanimously agreed that a bureau or division of public health nursing within the state department of health is the type of organization which will eventually prove most sound.

Recently, too, a bill has been introduced into Congress concerning the United States Public Health Society which includes the provision of a Public Health Nurse corps with a nurse superintendent — The United States Public Health Society. Although I understand this bill has very little chance of becoming a law during this session of Congress, it is an event, which indicates, I think, the tendency of thought in this direction. I therefore should like to close leaving this thought in your mind: the organization of a strong Bureau of Public Health Nursing within State Departments of Health will be of great assistance in securing permanency for County Public Health Nursing.

DISCUSSION

Community education and the development of community responsibility are two most effective means of insuring a stable community health service. To the county requesting a nursing service it is advisable therefore before submitting any decided plans for the state health department to send an educational representative to enlighten the people concerned regarding county health work and to aim to enlist the active interest of a group of representative individuals. This the representative can do by meeting the women's clubs, the chamber of commerce, the men's clubs, the county medical association and making clear the importance of the proposed work.

The next step is to secure the funds. It is a good thing usually to have a delegation of interested and informed county people go before the county body which is to supply the money and present the needs of the work and ask for the required appropriation.

The nurse being appointed, her first step should be to organize a strong central committee with corresponding sub-committees in the smaller centers of the county. The members of these committees should be drawn from the representative people who have already shown an interest in the work, each member being responsible for some one health activity, as the publicity member for published accounts of the work, opportunities for the nurse to address local organizations and so forth.

The nurse herself should have maturity and general nursing experience, understanding of and genuine liking for country people and country life and, of course, special preparation for public health work. She must prove by her work that the health program is an essential part of the county machinery, and she should have provision from the county funds. She must see that each member of her committee performs his specific duties. In addition to her own qualifications for the insuring of a more stable county health service, there should be a rising scale of salary for nurses who remain a certain time in one locality, and provision for advice on the professional aspects of the work.

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State Supervising Nurse, Bureau of Child Hygiene, Austin, Texas

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News of the bacteriophage, the reputed discovery of a filtrable, ultramicroscopic virus, parasitizing on and destroying actively growing susceptible bacteria, has been hailed with interest not only by the scientist but also by the laymen, says the *Journal of the American Medical Association* under "Current Comment," continuing, "There is a fascinating aspect to the conception that bacteria are subject to enemies within their own camp. Sinclair Lewis gave the bacteriophage publicity as a leading theme in 'Arrowsmith.' It was d'Herelle's idea that there is only a single bacteriophage, common to man and animals, capable by adaptation of acquiring a virulence toward all bacterial species. Research at the Rockefeller Institute has recently disclosed persistent differences in the individual resistance of lytic filtrates active against different micro-organisms, dissipating for the moment, at least, the hope of a single universal panacea for those infected with bacteria."

Today we too easily confuse wastefulness with generosity, and have reduced that fine word economy to the level of one of the dingier precautions of life, dethroning it from its proper place as the guardian of all philanthropic effort.

An article in the *New Statesman*

THE NURSE-MIDWIFE IN LESLIE COUNTY, KENTUCKY

By Alice Logan, R.N.

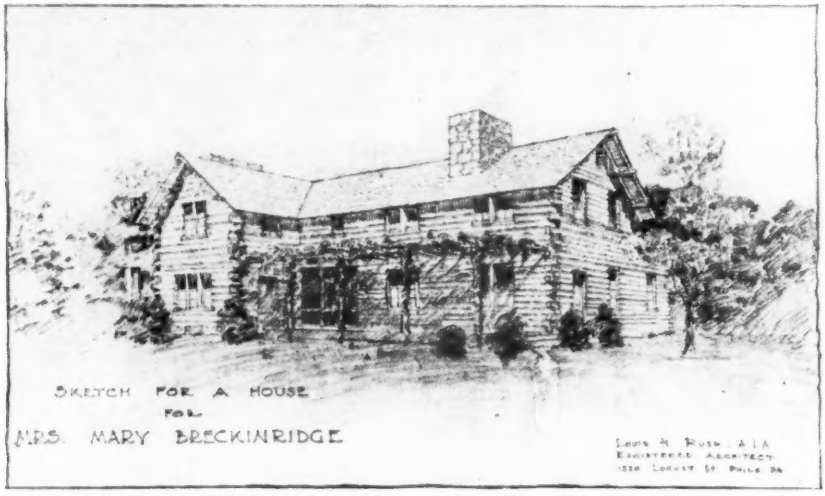
Staff Nurse, The Kentucky Committee for Mothers and Babies, Inc.

The ninth in the series on Midwifery, published in the October, November, December, January, March, April, June and July numbers.

The demonstration of the Kentucky Committee for Mothers and Babies, Inc., in Leslie County is only a little over a year old but already it covers approximately 200 of its 375 square miles of rugged highlands and about .4 of its population of 10,000 mountaineers. The plan of the work (based on that of the Scottish Highlands, of which the Director, Mrs. Mary Breckinridge, has made a careful study) is to provide a public health nurse, who is also a trained midwife, for each eight or nine hundred of the population. This nurse-midwife must live in her district and work through a district committee composed of leading citizens. The district committees make up a county committee which in turn is automatically a part of the state committee which inaugurated the work and arranges its finances and policies.

Our purpose is:

To safeguard the lives and health of mothers and young children by providing trained nurse-midwives for rural areas where there are no resident physicians—these nurse-midwives to work under supervision, in compliance with the Regulations for Midwives of the State Board of Health, and the law governing the Registration of Nurses in Kentucky; and in coöperation with the nearest medical service.



The Architect's Sketch of "Wendover," Mrs. Breckinridge's Home on the Middle Fork of the Kentucky River

It is hoped that this homely method for combating the maternal and infant death rate will prove adaptable not only to the Kentucky highlands but to other parts of our vast rural areas where millions of American mothers bear and rear their children without trained care.

Leslie County was chosen as the initial county by the State Health Officer, Dr. Arthur McCormack, who is an honorary member of the Kentucky Committee and its good friend. Coöperation with the state board also occurred through a survey of births and deaths the first summer, under Bertram Ireland, when all of the 1,600 families of the county were visited by

her and her assistants to obtain data upon which to base our plans.

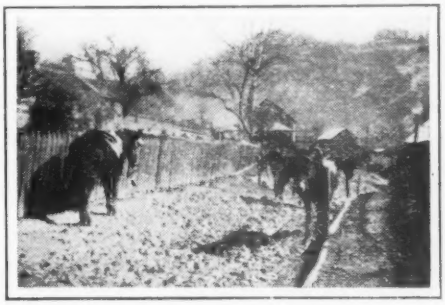
The end of May, which marks the end of the first year of work of the Committee, presents the following developments—"Wendover," the demonstration center and the home of Mrs. Breckinridge, has been picturesquely built on the Middle Fork of the Kentucky River, at the mouth of Hurricane Creek. One nurse is there as resident. The Hyden Center where the nursing service actually began September 1st, 1925, is well established with three nurses as the staff, including Miss Freda Caffin, now supervisor. The temporary headquarters at Hyden are soon to be replaced by a permanent building for which funds are being collected. Some of the gifts have been in timber, stone, lumber, fence posts, use of teams and other homely and practical contributions. One man gave himself for ten days. This center serves the largest population at the county seat, includes cottage hospital facilities and is headquarters for county supervision.

As a memorial gift to her mother Mrs. Nathaniel Ayer of Boston has made a special gift for the building and equipment of a center "where Beech and Middle Fork come together" which in the form of an Aladdin House will be opened by the time this article appears, the two nurses stationed there having helped to build it.

Five of the nurses on the staff, as well as Mrs. Breckinridge, in addition to their American public health training have taken a full course in midwifery in England.*

As I am asked to write of our beginnings I will tell the rest of my story from my own personal viewpoint.

It has been my privilege to work with the Kentucky Committee for Mothers and Babies for the past eight months and never before have I had such a wonderful or thrilling experience. On the 20th of December I left New York, as excited as any explorer. My letter of instructions said to proceed to Hazard, the nearest railway station, where Miss Rockstroh would meet me with the horses, preparatory to a twenty mile ride into Hyden. No automobiles or railroads in Leslie County, it seemed. Never having been on a horse, I wondered just what I would do. However, I decided to await further developments and worry as little as possible.



Street in Hyden where Temporary Quarters for the Health Center have been Established

According to schedule, I was met by Miss Rockstroh who had ridden the twenty miles in a blizzard of snow and sleet. On her arrival at the hotel she had to be literally pried out of a frozen poncho and hat. Not so encouraging, thought I, but decided if she had done it, so must I.

After breakfast we started! I crawled laboriously onto a high step, and still more laboriously into the saddle, and we were off. Thanks to a considerate supervisor, a gentle animal had been sent, and "Old Ricky," the joy of my life for many weeks, conducted me safely to Hyden.

After a kindly, and gradual initiation, the actual work began. The work never troubled me, but the riding! I rather like to draw a veil over my many timidities during the first few weeks. The long mountain trails, covered with snow and ice, held absolute terrors for me, and it was only by clutching my horse and praying with

* The sixth nurse, the author, has been given a scholarship and goes to England for her midwifery training this year.

all my might that I managed to survive. "Old Ricky" I am sure wondered just why this strange woman walked so much.

Kentucky Pioneers

To those who are doing rural nursing, a description of our country and its people may prove of interest.

Nurse Poling When the Water is Too Deep to Ford

About 175 years ago, a number of young men and women, sons and daughters of good Anglo-Saxon people, frontiersmen and hunters, followed the game into the mountains. Finding all that they longed for there, they married, settled and raised their families. When food, other than game, was necessary, they turned, most naturally, to tilling the soil and became farmers. And such they are to this day. It is only within the past thirty years that any outside influence has been introduced into the country, and in many of the places, the people are as primitive as they were two centuries ago. As the population increased they settled along the main river, which is the Middlefork of the Kentucky, and also along the creeks and branches of creeks. There are many quaint names for these streams, such as "Cutshin," "Soap and Tallow," "Owlsnest" and "Hell for Certain."

The little log or "box" cabins, most of them boasting one room, with a lean-to kitchen (many of them not even weatherproof), may house anywhere from one to a dozen people. The sight of the bare furnishings makes a lump come into one's throat and one wonders how anyone can exist in such surroundings. At first I thought there was nothing but grimness, but it was not long until I found as much happiness among the home-dwellers of the hills, as in any city or country place. Not many outside diversions but church meeting at the school-house, a "funeralizing" or even the "lawing" (when court is in session) brings the people together as close as any social gathering elsewhere. Our district committee meetings, held once a month at the Hyden center, are becoming popular to the members.

The first nursing center was started in temporary quarters rented from the Presbyterian School in Hyden. A large front room, very light and decidedly airy (especially in the winter time) was equipped as a dispensary. I was amazed to see how complete it had been made with only the bare necessities with which to work. Chairs, oak presses and tables made by mountaineers and painted white by the nurses, a "brought-on" bed and crib, and the usual clinic utensils, made an attractive room in which to work.

As there was no medical assistance within twenty miles, it soon became evident that one must care for every person, be they one year, or one hundred and one, though primarily our work was for the mothers and young children. Our experience has been varied, to say the least. Broken bones, cut heads, gunshot wounds and diseases of all kinds and descriptions had to be cared for or sent to Lexington for real medical care. How we longed for a doctor!

About six-thirty A.M. the nurse's day begins. While one feeds the horses,

the others prepare breakfast. This meal may be interrupted about a dozen times. "Could the nurse go to see my old woman who is punishing something fierce with a risin' on her arm?" Being assured that someone will go as soon as possible, the caller departs. Clinic hours are until eight-thirty, and all sick calls must be in by that time, if the patient is to be seen that same day. At first it was somewhat difficult to get the natives used to the idea of time as regards a definite hour. Having no clocks in many of the homes, the sun is their only guide. At eight-thirty the nurses hit the trail, having groomed and saddled their respective horses. Saddle bags packed with the necessary equipment for any emergency are slung over the saddles. Each nurse has two bags, one for general work with a blue checked lining and one for midwifery with a white lining. If there are no sick calls—and rarely a day goes by that there are not many—we do as much health work as possible, and what a tremendous amount there is to be done! Can you picture to yourselves a place where sanitation is unknown—no toilets, no drainage, no covered wells? In many instances the people use the water from the creeks as their source of drinking water, often the wading place of hogs, cows and mules. It is little wonder that there are epidemics of typhoid, "running off"—diarrhoea as we know it—and that hookworm runs riot. At the request of the State Board of Health we give typhoid serum, toxin-antitoxin and vaccinate against smallpox.

Sending for the Midwife

It is with deliveries, however, that the nurses must face the greatest difficulties. Was a baby ever known to be kind enough to arrive in broad daylight? Rarely if ever, in my experience, and it is as true in our locality as of any other place. One o'clock of a cold winter night finds the nurse-midwife asleep, one ear open for the clinic bell, for one of the registered cases is due any time. Suddenly one becomes conscious of a loud voice under the window, "Hey woman! My old woman is needin' you!" Snatching a warm bathrobe from a nearby chair, the nurse-midwife descends to the clinic door to tell the prospective daddy that if he wants the nurse, to get down off his mule and come saddle her horse. He proceeds in his leisurely fashion to do this, and soon the nurse, hurriedly dressing in a cold room in front of a banked open fire, is ready to join him and the ride into the pitch darkness is begun. The male follows behind, lest he ride too fast and the nurse get stranded on a dark mountain-top, or at some especially treacherous ford.

After many a hair-raising experience—when the horse suddenly sits on his haunches and slides down a small and particularly steep hill, or in crossing a ford somewhat deeper than usual makes you realize that he is swimming "a few licks"—what a relief when the cabin at the head of the hollow is reached. Then begins the struggle for life, the same struggle that takes place in the humble cabin, or the most up-to-date hospital in the world. As a general thing, the only light by which the nurse works is the lantern she herself has brought. Very few homes boast of a lamp, or even candles, and if there is a lamp, very likely there is no chimney. Many times the glow of the open fire is the only illumination.

Prenatal Instruction Becoming Popular

Our midwives, except in an emergency, deliver only the mothers who have registered before their expected confinement, and prenatal care, a thing unheard of before, is becoming very popular with our good mountain mothers. As she has been taught in her London training the nurse-midwife makes and records observations and decides whether the case may be safely delivered at home or must be coaxed "down out of the mountains" to the hospital and the obstetrician. This means a day's ride on horseback or in a wagon and a night by train, but

one of our cases registered for next January with abnormal complications, has already consented to let us take her down, well in advance.

Instructions as to the making of pads, the arranging of the room for convenient working, and general health advice are also gone into very thoroughly on the prenatal visits. A separate bed for the baby—a hitherto unknown thing—is one of our many suggestions, and already we have several beds made by the fathers. One young mother made her own baby's a real white dress instead of a bright pink calico, or black and white gingham. We have seen a three months' old baby dressed in red serge!

Of course we do not receive much actual cash for either the layettes or our delivery fee—which is five dollars. We are paid in produce, such as live hens, molasses, or vegetables in season. Fodder for the horses sells for five cents a bundle, so that our babies in the mountains are worth at least one hundred bundles of fodder, five live hens, ten pounds of butter, and so on.

Leaving the Center for Duty. Left to Right, the Author on Dude, Miss Rockstroh on Lady Jane and Miss Caffin on Jim

bed, cutting down the necessary trees, hewing and planing every piece of wood that went into its construction. Could one desire anything more encouraging?

Post-partum care is given for ten days, and the baby is seen at least every two weeks from that time on. We encourage our mothers to bring their babies to the dispensary once a month if possible, and we have several mothers who carry their babies over mountain roads for a distance of five miles, just to have the little one weighed and measured and receive the necessary health advice. For our own babies we have adorable layettes which contain all the necessaries for a new baby, and which are sold at a minimum cost. And what a joy to see a babe in

To me the sweetest thing of all is the joy that actually abounds in the home over a new arrival, be it the first or the fifteenth. There always seems to be room both in heart and home for one more. They are wonderful people, these Kentuckians.

This is a rough outline of our work, but I find it hard to put into words the appealingness of the situation. It is wonderful and a source of unending and useful experience.

At present I, who am the only one of the nurses not yet a midwife, am leaving to take my midwifery course in London, and must be away from my beloved hills for six months. I shall count the days until I return to my adopted homeland.

THE MENTAL HYGIENE PROGRAM OF THE BOSTON COMMUNITY HEALTH ASSOCIATION

By Marie L. Donohoe

Mental Health Worker, Community Health Association, Boston

Fourth in the series of *Reports on Mental Hygiene Programs of Public Health Nursing Services* printed in the March, April and July numbers. The questions concerning policy and methods which were printed in the March number are answered in this article.

Public health nursing touches practically every angle of the public health field. Mental hygiene has assumed a position in this field which has passed the experimental stage. Without question at this time public health nursing has reached that point in health education where, to speak in terms of family health, mental health must be included.

The Community Health Association of Boston under another title has been functioning for over 40 years. It was not until January, 1926, that mental health, as a separate and special service of the Association's program was undertaken. The service was added because of the realization by the Director and all the staff nurses that there was definite need for some one to consult on psychiatric problems. The nurse in her daily contacts was meeting problems that needed special service and was definitely realizing that, to do her public health job efficiently, she must have facts about and knowledge of mental disease and how to help in its prevention. She was becoming cognizant of the fact that wrong mental attitudes were interfering constantly with her ability to get across an educational program.

There seem to be two definite contributions that such a service brings to the Association. They are,

An educational contribution to the nurses in the field.

A benefit to all patients that come to the Association.

The nurses, having had little or no formal training in mental illness or in the possibilities of prevention, needed the knowledge that has recently been uncovered by the psychiatrists and wanted guidance and instruction as to the possibilities of such a service. Even to gain success in the teaching of bodily health, the nurse has begun to appreciate that she must understand mental attitudes, prejudices and the psychology of the patients with whom she comes in contact day by day.

These two services came with increasing emphasis to our attention as the work opened up in the survey which we were making as to what was most needed and where our most fruitful work could be done. Dr. C. Macfie Campbell and Dr. Douglas A. Thom are on the consulting staff of our organization. Both of them stress the educational opportunity in such a service, both of them emphasize the need of the nurses to know what is being done in the mental hygiene field and to realize their own strategic position for preventive work.

A Tentative Plan for Mental Hygiene Work

With this help and our own study of the situation, we devised a temporary plan of work, subject to change and open to suggestion and criticism as it should develop. It was intended from the beginning to go slowly, to have no definite set program but to let the work outline itself. The service to the nurses resolved itself into the following features:

Specially planned lectures to all the nurses of the association

Carefully selected reading lists

Clinical demonstrations whenever possible

Actual contacts, their own cases being used as teaching material.

A more or less definite course was followed throughout the lectures. There are 15 branch stations in our

association. The first two lectures were given to the entire staff—The Birth of the Mental Hygiene Movement; Our Own Mental Health and What It Means and The Responsibilities and Opportunities That the Nurses Have as Workers in the Public Health Field. The other lectures were given in the branch stations, fifteen or twenty minute talks with ten or fifteen minutes allowed for questions and discussion. The mental health worker is in this way expected in the different branch stations every two weeks. After the short talk to the nurses the morning or afternoon is given to the discussion of the problem cases with the nurse in charge of the case and to visits to the homes with the nurses on the referred cases.

The reading list was selected and made out with great care. It was done with the help of Dr. Frankwood Williams of the National Committee of Mental Hygiene. Suggestions came also from other prominent men in psychiatry and in the child welfare group.

Further educational work among our own staff has been carried on in connection with the hospitals and clinics about Boston which give the kind of service we need in a study of mental health work. Our own prejudices and lack of information on mental illness have been freely talked over and discussed. Misinterpretation and the lack of real information as to the services that the hospitals and clinics give we have attempted earnestly to clear. We have tried to get a better understanding of and to give better coöperation to the hospitals and clinics.

With this in mind we made a contact in every hospital and every clinic that we planned to use, and this meant a contact either with the superintendent, the physician in charge of the clinic or with the head of the social service department of every hospital and clinic that is doing work along mental health lines. We included in our contacts the Boston Psychopathic Hospital, the Judge Baker Foundation, the Habit Clinics both public and private, the Boston Dispensary, the Department of Mental Diseases, the Walter E. Fernald School, and the nerve clinics of the Massachusetts General Hospital, the Children's Hospital, the City Hospital, the Homeopathic Hospital, and the New England Hospital for Women and Children. We asked the best service from these clinics for our patients and promised on our part the best we could return, sending in as full a history of the situation as we had in hand before the patient's appointment, and using, whenever the clinic asked, outlines planned by them. We asked in return for our coöperation, not only diagnosis but whenever possible prognosis and definite recommendations. Our responsibility has been to get the patient to the clinic and to carry through plans and recommendations when the hospital social service cannot do this and when there is no social agency interested and able to do so.

Each clinic was studied together with the type of patient it was most interested in and best equipped to serve. For example, one of our large hospitals is doing especially interesting work with epileptics. We recognized that physicians are interested often in special problems and we hoped not only to give our patient the best service available but also to contribute our share to research and study being carried on, by the various clinics. We found little opposition among our patients to the using of the clinics. This seemed particularly true when the nurse could go to the family equipped with the definite knowledge of the clinic and what it could and could not offer. Often our patients had had some psychiatric contact, but with results that were not hopeful simply because no one had taken the responsibility to follow through the advice given. We often ask the clinics to review cases. Sometimes a review of the examination has been sufficient, sometimes it has meant getting the patient to the clinic for a new examination. We have asked the clinics to use our organization when plans for families with which we were working are made. All of us who do psychiatric

work know the value of a frequent visitor to the home.

When Is a Mental Case the Work of a Public Health Nurse?

Another service to our staff nurses has been the attempt to make them understand and appreciate that there is a large group of more or less hopeless cases. There are cases that often bother the nurse for weeks and months, cases in which she is unable to make a decision as to what her duty is and where her responsibility ceases. Dr. Campbell felt that the nurse must be taught to face the fact that *there are hopeless cases,* that there are situations in which the time and energy expended are not worth the effort and the results obtained do not warrant the nurse's time. There are always enough cases for our best efforts and it is not fair to them to give time and energy to the hopeless, the cases in which the only chance for success would have been through work in previous generations. It is our effort to teach the nurse to decide whether the problem is actually hers and if not to turn to something that is.

We are listing carefully the cases that seem to us definite public health problems. We are hoping perhaps to be able to show that our community is not alert to the problems of its feebleminded. Already in a number of cases we feel that the community could have acted more efficiently, as for example in giving segregation to women of child bearing age. We have a particular group who were tested psychologically before marriage or before child birth when it was known that the mental age was but six, seven or eight. Have we no responsibility to these irresponsible, immature adult children?

It has not been the aim of the organization to make psychiatric social workers of our nurses, but it has been the aim to make the nurse realize her contribution to the mental hygiene field, to be alert to the problems as she meets them in her daily contacts and to know where to advise her families to go with their mental troubles.

We have tried to coöperate with all the social agencies in the city and of course particularly with the psychiatric clinics. So far we have not sent patients to the various clinics without at least one visit by the Mental Health Worker. Many cases can be cleared by discussion, by explanation and interpretation, or by educational work with the family without asking for the service and time of a psychiatrist.

We have worked out temporarily what we call our mental health history. This is a folder containing the headings used in any good psychiatric clinic and is kept within our regular family folder. The nurse fills in as much as she can with the help of the other nurses in the station who have known the family. This information includes the heredity and background, the environment, the physical and mental history of the patient, the personnel of the home, etc. The Mental Health Worker supplements it after her visit or visits of investigation and a copy of the completed document is the history sent to the clinic before the patient's appointment. This has meant considerable effort but it has been excellent teaching material for the nurses. It has made them more alert in their observations, more anxious to send a good history to the physician, more keen in observing and listing symptoms.

Types of Cases

The types of cases have varied all the way from pronounced mental disease and marked mental defect to the incipient problems of bad habits, wrong mental attitudes and unhygienic mental living. In the cases of marked defect and pronounced disease, we give palliative service in some instances and in others, information service. We have explained to families how to proceed to get commitment, we have given them facts and information as to how to get to the authorities who will do the work for them. This is often a very real service and comes often at a time when the family is losing its grip. Service of this palliative sort often gives added weight to advice and plans for other

members of the family who need mental hygiene counsel, habit training, etc.

The great bulk of our work so far has been with the children and the adolescent group. This has been most encouraging for it means that we are giving our service to the most hopeful group for preventive work.

There is one other group to which we are especially anxious to give our mental health service and that is the large prenatal group. There are two services here that we plan to give, the service to the mother herself regarding her own mental health, her attitude toward the new little life, her care for her own physical health and the service to the children, that of helping the mothers understand "the characteristics of mental health of the normal child" as so ably described by Dr. Arnold Gesell.

Qualifications for Mental Hygiene Worker

The qualifications for a supervisor or director of mental hygiene work in a public health nursing organization seem to me very definite. First of all an educational background of college grade is absolutely essential. Added to this, I feel that it is necessary to have the training and experience of a psychiatric social worker. As I see it, a nurse's training as such gives no prerogatives, a social worker's training gives no prerogatives, but the particular psychiatric training with as much experience as possible with life does equip one to do this most valuable service.

Measurements of the Work

The measurements of any piece of psychiatric work are never really possible or satisfactory. A general summing up and review of the cases referred to the Mental Health Worker of the Community Health Association of Boston are interesting.

There were referred in the first six months of the service something over 200 cases and 185 were accepted as definitely belonging to this service. We were successful in getting in contact with a hospital, clinic, and a private psychiatrist 118 cases. Thirty-eight cases we feel we are capable of giving some service without a clinic; before any accomplishment three cases died; thirteen are being held until physical conditions are cleared and in fourteen we so far seem to have failed to gain coöperation.

The services to the nurses on the staff cannot be accurately measured, but if the type of cases now referred is indicative, it would seem to show that the nurses are all interested in doing preventive work in the mental field.

Miss Fox's first point, as an essential to sound growth, in her address at Atlantic City, was "the capacity for the reception of new ideas." May I say that the Community Health Association of Boston has definitely proved this capacity in the field of mental hygiene? It has been delightful to work with nurses so ready, so keen to accept and discuss the possibilities of service in the mental health work now an active part of the Association's program.

The Training School in connection with the Severance Hospital of Korea, organized in 1906 under the superintendency of Miss Esther L. Shields, includes in its three-year course of study training in midwifery in addition to theoretical and practical training in the art of nursing. The school for nurses and midwives is recognized by the government, and its regular graduates will be registered as nurses and receive license to practice midwifery in Korea. Students must have had at least two years girls' higher common school education, and present satisfactory evidences of good character and health.

THE COUNTRY NEWSPAPER AND THE RURAL NURSE

"Write the Vision and Make It Plain upon Tables, That He May Run That Readeth It"

By Elise Van Ness

A public health nurse is a dramatic figure in the small town or the country. To those who may have watched her starting out on her rounds in a Ford or assisting at a baby clinic, she is an individual discussed at the Ladies' Aid and in the drug store, a personage more public than the mayor and the policeman, someone seldom called by name but referred to in capital letters as "The County Nurse."

Information on health like all publicity matter must include the human interest element if it is to be effective. People have learned the drama of the onslaught and the rout of disease. They want to read of conflict and victory and drums beating at the triumph of health. The nurse who wants her story to gain an audience must tell it in the terms of gains made and losses uncovered; indirectly in the narrative, people will discover what her program is and what elements in it they can apply to themselves.

The newspaper in the small town is a publicity vehicle of the first water. Even if all the news is known to people in advance, they want to find out what that fellow, the editor, has said about things, and read with considerable curiosity as a result. Such sheets are passed from family to family as if they were volumes of rare worth, and are read with a thoroughness unwarranted by their literary value. A country editor too is far more accessible to the ordinary caller than the editor of the city paper, partially because he is generally a social fellow, and also because of the fact that his success in the community often depends more on the way his neighbors feel toward him than on the merit of his newspaper.

In any case he makes it a business to be interested in every line of endeavor in his town and likes all people engaged in community effort to keep in touch with him. He expects a good deal of the other person, for, as a rule, he is more affable than energetic, and the public health nurse could not do better than to call on him. She may find the journalist mulling over the exchanges he has received during the week or seated at his desk smoking leisurely as he types from heiroglyphics in his notebook.

After the introductions are over and the nurse is seated, she is friendly, but not as loquacious as the newspaperman. She does not force her material upon him if she is wise, but as Colonel House did when talking to the Kaiser, begins by offering him her coöperation. The editor unless he is swamped with work at the moment will probably ask her about the work she is doing. This like the lull in the wind to a channel swimmer is her opportunity. As concisely as possible, she will tell him of the districts or towns she has visited and what she has accomplished, avoiding health propaganda except in so far as it is a part of the news. Health information will ooze from the story in any case, perhaps, in the gains in weight shown by children who added milk to the breakfast menu and left the family coffee pot untouched on the stove or in the follow-up work of a clinic.

Paving the Way for Future Favors

When she has given the newspaper copy for one issue, she will then seize the opportunity to make arrangements for bringing in future news on nursing. If the nurse wants to please the editor particularly, she will ask what day is best to bring him in material, for this will show her knowledge of the stress of journalism and the rush on the day of publication. If the news-

paper is a weekly, news brought in early in the week generally receives better space in the news columns, but most editors have a pet day for receiving news. In the case of a daily, the news should reach the newspaper office before noon for an evening edition and early in the afternoon for a morning edition.

A sure way to make the editor count the nurse among his firm friends is for her to give him news leads when she hears of them. Changes in personnel in a country bank, a speaker from the Farm Bureau scheduled to address a community club, or a store changing hands are examples of the kind of material that goes right to the heart of the editor.

To the nurse not conversant with publicity, the elements of universal interest in her work may be surprising. If she examines 100 children in a town school and gains in weight are shown, the item is interesting to all parents of school children and also to those of children of pre-school age. The man in the street without offspring likes it too because it supports that undying belief of his, that " This is a good little town." When hot lunches have been successful in a country school the story will reach the patrons of other schools, and the battle for a hot dish in the middle of the day in another small school will be won more easily. Data on dental and other oral defects remedied through the proper care will lead parents to look into the mouths of their children with intelligent curiosity, facts on the number of calls made and the variety will all be of news value.

Women's clubs in the small town are more filled with altruism than Sinclair Lewis thinks; it is a vague desire to live in a wider intellectual street and to do something a little amazing that holds the feminine babbitts together, and the club members may be of great help to the nurse in need of backing to put some project over. Some of them are undoubtedly the wives of school board members or teachers and can bring to bear that powerful thing known as " home influence " which is responsible for so much success in the world.

A public health nurse has something to give as well as to get from these club women. She has material that will be quite as interesting to them as the latest plays in New York, and she can also aid them in gaining an audience for their publicity material. With her contacts widely made and with a more extensive acquaintance outside the town limits than the women have, she can help the women in getting their material before the mothers of her country pupils and in reaching the press. (The Metropolitan Life Insurance Company has outlines which will help in giving these talks, which can be obtained direct from the New York office.—Ed.)

Parent-teacher associations also offer excellent chances for publicity and coöperation, and are of particular interest to her because of the attendance of men. The amusements on winter nights may be few for the small town man or his interest in children may be greater than that of his city brethren, but in many instances he is to be found at such meetings. Mothers are interested in what the public health nurse says about their children, and they will be in a receptive mood toward the health suggestions their boys and girls bring home from school if they really understand what the nurse is doing and what her aims are. What she says at a club session will not only appear in the newspaper, but will gain a distribution more wide and a hundred times as swift through the accounts with which the women regale their neighbors who did not attend.

The County Fair

It is impossible to overestimate the opportunities of that great country institution, the county fair. What a meeting place it is for farmers and their wives to forget for a little while the uncertainties and the stress of farm life. By establishing a nursing booth with the help of the women of a town, the nurse may reach remote families she might never know otherwise and

plant the seeds of understanding and trust that will make her future work of far greater service. Graphs showing the records made by schools, cut-out figures well mounted done by school children, vegetables and fruits borrowed from stores, and dairy products secured by skilled persuasion mounted in displays will keep crowds coming all day. Scales bring mothers with their children and small town belles with a flair for reducing, while personal talks and health pamphlets will make the moments have health meaning. The fact that people are in a kindly, holiday mood makes contacts at this time an easy matter.*

If the nurse is planning a clinic, churches are generally glad to coöperate in making announcements, and town merchants will be willing to display signs in their windows. Mimeographed sheets given to boys and girls in school will find their way into the hands of parents, and mothers who know the nurse and have heard her speak will be curious enough to read them.

The nurse's own office must not be forgotten. By the use of attractive posters which high school children can often be persuaded to prepare through the coöperation of teachers even unsightly walls may give a health message to those who may have little beauty in their own homes, the brightness and harmony may give more pleasure than the nurse can realize. Nursing magazines too sometimes make valuable, silent contacts even though the leaves are sometimes sucked away by babies waiting in their mothers' laps.

An old farmer in a Minnesota county pointed with a pleased smile to a car at a distance on a prairie road. "That is the county nurse," he said, "I know her gait."

There was friendliness and coöperation in his smile and drawl. As a matter of fact, the more people to know the "gait" of the county nurse the better it will be.

* See *The Public Health Nurse at the County Fair*, August, 1923, July, 1924, and August, 1925, THE PUBLIC HEALTH NURSE.

In "The Significance of Psychoanalysis for Social Life" (*Mental Hygiene*, April, 1926)—a paper of significance to all nurses—Otto Rank, of Vienna, notes the establishment of two psychoanalytical poliklinics—one in Berlin and the other in Vienna.

For the psychoanalysts themselves, he claims the opportunity of development in technique—"the poliklinic, besides being an ambulatorium for treatment, having at the same time provision for psychoanalytic instruction." From the public at large, he states, there may be expected certain changes in attitude.

For one of these, he believes that the establishment of the clinics, bringing considerable enlightenment to the laity on the subject of psychoanalysis, has likewise increased the lay appreciation of its uses, bringing subjects to apply for treatment before they have reached a serious stage. As this knowledge spreads abroad it should have, to a noticeable degree, a general effect of a leavening nature upon neurotic subjects.

Another result of the growth of lay knowledge of psychoanalysis, he states, will be noticeable in the care and education of children. Since most serious neuroses derive originally from some factor in the early home conditions of the patient, general knowledge and application of the principles of psychoanalysis, even in a very modified degree, in the homes by intelligent parents, should bring about a decrease in the number of the neurotically affected. And again, the writer sees the possibility of the application of the principles of psychoanalysis to vocational guidance in a more strictly scientific manner than has heretofore been practiced and still further forecasts that the knowledge of psychoanalytic technique by officers in charge of criminals and criminal procedure will have an effect of lessening the number of criminals of the so-called confirmed type.

The point at which his deductions touch on the work of the nurse may be of interest. In writing of the application of the psychoanalytic technique in the care and education of children, he says—

"At first these tasks of early infant education will fall to the lot of psychoanalytically trained nurses, since parents themselves will not obtain the necessary knowledge. To do this may perhaps be inconvenient for them, but at bottom this knowledge is easily acquired, indeed already exists, although in unscientific form, among the people."

RED CROSS PUBLIC HEALTH NURSING

EDITED BY ELIZABETH G. FOX

"Entre Nous," "The Round Table" and *"Yourself and Others"* have been laid away in the graveyard of noble causes, where lies many another publication that perished from over-exclusiveness. Its mimeographing press has been stilled forever. No more will its breezy personals, sentimental verse (both de luxe and garden variety) and borrowed jokes, designed to make easier the downing of solid information, brighten the morning's mail of nurses in the Chapters. But the loss to the literary world has its social compensations. In its place the Nursing Service, Public Health Nursing Service and Home Hygiene each receives a page in *The Red Cross Courier*, the official magazine with a national circulation and international reach. This accords with the democratic tendency of the times. Exclusiveness does not become a public service. The special information intended for the nurses is now available to lay members of Red Cross Chapters. Accordingly our new page appearing in the September 15th issue will arouse increased interest in the cause of public health nursing and popularize our work. So our sadness at the demise of our own little sheet gives way to enthusiasm at the birth of the *Courier* page.

LOCAL PUBLICITY

"Won't you please send me some short articles about health and about public health nursing for our local newspapers? They would help so much in our efforts to spread health information and explain our work, and the editor is eager to have them. I would do them myself but I haven't time nor enough reference books to dig up the facts, nor am I any 'great shakes' at writing."

As a result of many pleas like this one pouring in upon Miss Havey, Mrs. Vaughan and Miss Ledyard from Red Cross public health nurses, Miss Teal and Mr. Taylor, a Red Cross writer, put their heads together and produced the first of a series of brief informatory articles in semi-popular vein. The series, providing the nurses with a choice of three or four timely topics for each month, began in the early summer and is already proving popular. Some of the topics are the following: "The Role of the Public Health Nurse", "Health, What is it?" "Books on Child Care", "The Fallacy of Spring Tonics", "How Public Health Nursing Is Financed", "The Fashionable Goloshes", "The Preschool Child", "Visiting Nursing."

* * *

Each year we have announced the publication of material to be used by Red Cross public health nurses in keeping in contact with their large circle of rural schools. For two years it took the form of a series of letters, one for each month, from nurse to teacher. Last year we substituted a monthly page of ideas for the nurse to pass on to the teachers as an aid in coordinating the health teaching in the schools with the activities suggested in the Fit for Service section of the Junior Red Cross calendar.

This year the idea of a monthly letter from the nurse to her teacher is revived. National Headquarters has provided the public health nurses in Red Cross service with source material from which to draw in writing their own monthly letters, since the uneven progress of the health education movement limits the usefulness of a "canned" letter.

Ten topics, one each school month from September through June, are treated in this compendium paralleling the topics emphasized in the Junior Red Cross calendar for the corresponding month.

MEETING OF THE NURSING ADVISORY BOARD OF THE LEAGUE OF RED CROSS SOCIETIES

Amidst the allurements of that bustling and yet strangely quiet city of London and the luxurious appointments of the new home for nurses studying in England under Red Cross auspices, the Nursing Advisory Board of the League of Red Cross Societies met July 9th, 10th and 11th for its third annual session.

Baroness Mannerheim, held in affectionate admiration by all who attended the Nursing Congress at Helsingfors, presided over the meetings as Chairman of the Board. All members of the Board were present including Miss Charlotte Munck of Denmark, Mlle. d'Haussonville of France, Vicomtesse d'Hennezel of Belgium, Miss Lloyd Still of England, Marchesa di Targiani of Italy and the writer. In addition to Miss Olmsted, Director of the Nursing Division, the League of Red Cross Societies was represented by Dr. René Sand, Miss Edith H. Smith, Mrs. Maynard Carter and Miss Nan Dorsey. Miss Christiane Reimann, Secretary of the International Council of Nurses, Mrs. Reid of Bedford College, Miss Cowlin of the College of Nursing, Miss Newton and Miss Anna Maxwell were co-opted guests.

The two international courses being given at Bedford College under the auspices of the League were the principal subjects under discussion by the Board. Attention was given to admission requirements, educational and professional, to the curriculum and to the arrangements for field practice. The participation of Mrs. Reid, Miss Cowlin and Miss Reimann gave added weight to these deliberations. The inspirational value and strength of these courses as evidenced in the poise, enthusiasm and spirit of the students was brought home vividly to the Board at the graduation ceremonies which preceded the sessions of the Board and at the banquet of the alumnae to which the members of the Board were graciously invited.

In response to a request from the officers of the League for a recommendation from the Board concerning its future composition the Board passed the following resolution:

> The Nursing Advisory Board recommends that the Board be constituted, as heretofore, of seven members: that these members be selected and appointed by the League of Red Cross Societies on the basis of their position as experts and authorities in nursing, this being of prime importance to the effectiveness of the Board: that these members must be experts in the fields of institutional nursing, nursing education, public health nursing, Red Cross nursing and in as far as possible should also represent different groups of countries, having different systems of nursing, as follows: Latin countries in Europe, German countries, Eastern European countries, British countries, North American countries, Scandinavian countries: that these members shall serve for a term of three years with the exception of the chairman, who shall serve for six years: that there shall be a usual rotation, two members retiring each year: that two members of the present Board be retained for three years, two for two years, two for one year.

Those who have enjoyed Helen Teal's literary ability as manifested in this department and in the Red Cross publications will be sorry to learn that she has transferred her activity from Washington, where she was Assistant National Director of the Red Cross Public Health Nursing Service, to Seattle, where she succeeds Irene Slade as Director of the Red Cross Visiting Nurse Service. Miss Slade was forced to retire by ill health.

Many of the outlines and other guides with which Red Cross public health nurses have been supplied have been largely Miss Teal's work, and we hope that her new field will prove equally fertile in suggestions.

ACTIVITIES *of the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Edited by JANE C. ALLEN

SALARIES OF PUBLIC HEALTH NURSES

This year we were able to secure information from a larger number of agencies than in 1924 as to salaries paid public health nurses. All told, 178 agencies with two or more nurses, including 75 departments of health and 103 public health nursing associations, returned questionnaires giving information about salaries paid their nurses. These agencies are scattered all over the United States, being located in 140 different cities in 37 states.

Detail tables for the departments of health and public health nursing associations* have been made. These tables are similar to those published in the previous report on salaries and show the number of nurses receiving specified salaries, tabulated to the nearest $5.00. A brief analysis of these tables brings out some interesting facts. From a special study made of salaries paid negro nurses, it was found that it would not be necessary to exclude the salaries of negro nurses as so few are receiving lower salaries than the white nurses.

SALARIES OF DIRECTORS, SUPERINTENDENTS, SUPERVISING OR CHIEF NURSES

Table 3 gives the median monthly salary paid to directors of public health nursing associations and to the directors, superintendents, supervising or chief nurse of divisions of public health nursing in departments of health. Not only in agencies located in cities of different size population, but also in agencies employing different number of nurses we find that the median salary paid by public health nursing associations is greater than that paid by departments of health. The median salary for these nurse directors is $215.00 for public health nursing associations and $190.00 for departments of health.

The median salaries paid by both groups of agencies is larger in cities of 100,000 or more than in cities of less population. It is in cities of these groups that the agencies employing 25 or more nurses are located. The median salaries of directors of agencies employing 25 or more nurses are higher than of agencies employing less than 25 nurses. The number of nurses employed is probably a determining factor in the salary of directors or superintendents of public health nursing services.

TABLE 3. MEDIAN MONTHLY SALARIES PAID DIRECTORS, SUPERINTENDENTS, SUPERVISING OR CHIEF NURSE OF DIVISIONS OF PUBLIC HEALTH NURSING IN DEPARTMENTS OF HEALTH AND DIRECTORS OF PUBLIC HEALTH NURSING ASSOCIATIONS, BY POPULATION GROUP AND BY NUMBER OF NURSES EMPLOYED

Population group (1)	Boards of health (2)	Public health nursing associations (3)
Total	$190	$215
700,000 or more	220*	335
200,000 to 700,000	185	225
100,000 to 200,000	175	215
50,000 to 100,000	150	200
25,000 to 50,000	165	200
Less than 25,000	...	200
Number of nurses employed		
50 or more	$215	$335
25 to 49	190	255
10 to 24	175	225
2 to 9	150	200

* Based on less than 10 cases.

* See September PUBLIC HEALTH NURSE.

TABLE 4. MEDIAN MONTHLY SALARIES PAID SPECIAL AND DISTRICT SUPERVISORS OF DEPARTMENTS OF HEALTH AND OF PUBLIC HEALTH NURSING ASSOCIATIONS, BY POPULATION GROUP AND BY NUMBER OF NURSES EMPLOYED

Population group (1)	Departments of health: Median monthly salary for specified population group (2)	Departments of health: Number of nurses employed: 50 or more nurses (3)	25 to 49 nurses (4)	10 to 24 nurses (5)	Public health nursing associations: Median monthly salary for specified population group (6)	Public health nursing associations: Number of nurses employed: 50 or more nurses (7)	25 to 49 nurses (8)	10 to 24 nurses (9)
Median monthly salary for specified number of nurses	$160	$175	$150	$140*	$155	$160	$150	$140
700,000 or more	175	175	145*	...	165	160	175	200*†
200,000 to 700,000	160	190	150*	150*	150	150	150	150*
100,000 to 200,000	150	...	140*	140*	140	...	150	125

* Based on less than 10 cases. † Special supervisor only.

SALARIES OF SPECIAL AND DISTRICT SUPERVISORS

The salaries paid special and district supervisors are tabulated separately but for analysis it seemed best to consider the salaries of both special and district supervisors together. Table 4 gives the median salaries paid special and district supervisors for departments of health and public health nursing associations. The salaries are given by three population groups for the different number of nurses employed. There were too few supervisors employed in cities of less than 100,000 to be included. The median salary for all supervisors is larger in departments of health than in public health nursing associations. This is also the case in agencies of 50 or more nurses in cities of 200,000 or more population. In agencies of less than 50 nurses the median salaries of supervisors of both types of agencies show no general tendency.

TABLE 5. MEDIAN MONTHLY SALARIES PAID STAFF NURSES OF DEPARTMENTS OF HEALTH AND OF PUBLIC HEALTH NURSING ASSOCIATIONS, BY POPULATION GROUP AND BY NUMBER OF NURSES EMPLOYED

Population group (1)	Departments of health: Median monthly salary for specified population group (2)	Departments of health: Number of nurses employed: 50 or more nurses (3)	25 to 49 nurses (4)	10 to 24 nurses (5)	2 to 9 nurses (6)	Public health nursing associations: Median monthly salary for specified population group (7)	Public health nursing associations: Number of nurses employed: 50 or more nurses (8)	25 to 49 nurses (9)	10 to 24 nurses (10)	2 to 9 nurses (11)
Median monthly salary for specified number of nurses	$135	$140	$125	$125	$125	$125	$135	$125	$125	$125
700,000 or more	140	140	110	...	...	135	135	130	140	145*
200,000 to 700,000	135	135	125	130	120	125	125	125	125	135
100,000 to 200,000	125	...	110	125	115	125	...	120	115	125*
50,000 to 100,000	120	...	...	120	125	120	...	115	130	120
25,000 to 50,000	125	...	...	130	125	125	...	...	130	125
Less than 25,000	125	...	...	...	125*	125	...	...	...	125

* Based on less than 10 cases.

SALARIES OF STAFF NURSES

Table 5 gives the median salaries paid to approximately 2,000 nurses in departments of health and approximately 2,000 in public health nursing associations. It is not possible to say definitely from these tables that either the number of nurses employed by an agency or the population of the city in which the agency is located determines the salary of staff nurses. However, the largest median salary for both groups of agencies is in agencies of 50 or more nurses located in cities of 700,000 or more.

TABLE 2. SALARIES PAID IN SELECTED DEPARTMENTS OF HEALTH CLASSIFIED BY POPULATION GROUP AND NUMBER OF FULL-TIME GRADUATE NURSES EMPLOYED
January 31, 1926
Salaries tabulated to nearest $5.00

1. Salaries paid Directors, Superintendents, Supervising or Chief Nurse of Divisions of Public Health Nursing

Monthly salary (1)	Cities of 700,000 or more: No. receiving specified salary in departments of health with: Total (2)	50 or more nurses (3)	25–49 nurses (4)	Cities of 200,000 to 700,000: No. receiving specified salary in departments of health with: Total (5)	50 or more nurses (6)	25–49 nurses (7)	10–24 nurses (8)	2–9 nurses (9)	Cities of 100,000 to 200,000: No. receiving specified salary in departments of health with: Total (10)	25–49 nurses (11)	10–24 nurses (12)	2–9 nurses (13)	Cities of 50,000 to 100,000: No. receiving specified salary in departments of health with: Total (14)	10–24 nurses (15)	2–9 nurses (16)	Cities of 25,000 to 50,000: No. receiving specified salary in departments of health with: Total (17)	10–24 nurses (18)	2–9 nurses (19)	Cities of less than 25,000: No. receiving specified salary in departments of health with 2–9 nurses (20)
Total	9	7	2	17	3	7	5	2	10	2	6	2	5	3	2	9	2	7	..
$335.00	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..
300.00	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
270.00	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..
260.00	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
235.00	1	1	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
230.00	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
225.00	1	..	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..
220.00	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
215.00	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
210.00	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
205.00	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
200.00	..	..	..	2	..	1	..	1	2	..	1	1	..	..	..	2	1	1	..
195.00	..	..	..	1	1	..	..	..	..	..	..	..	1	1	..	1	..	1	..
190.00	..	..	..	3	..	2*	1	..	..	..	..	..	..	..	..	..	..	..	..
185.00	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
180.00	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
175.00	..	..	..	3	1	..	2	..	..	..	..	..	1	1	..	1	1	..	..
170.00	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
165.00	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
160.00	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
155.00	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
150.00	..	..	..	3	..	2	..	1	3	1	2	..	1	..	1	1	..	1	..
145.00	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
140.00	..	..	..	..	..	..	..	..	1	..	1	..	2	1	1	1	..	1	..
135.00	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
130.00	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
125.00	..	..	..	2	..	..	2	..	..	..	..	..	..	..	..	1	..	1**	..
100.00	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..

* One school nurse paid on 12 month basis.
** School nurse paid on 9 month basis.

2. Salaries paid Special Supervisors

Total	19	17	2	12	9	2	1	..	14	6	8	..	..	..	..	..	..	..	..
$200.00	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
190.00	..	..	..	7	7	..	..	..	1	..	1	..	..	..	..	..	..	..	..
175.00	5	5	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..

165.00	4	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
160.00	7	7	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
155.00	..	..	..	2	2	..	..	..	1	..	1*	..	..	..	..	..	..	..	..
150.00	2	2	..	2	..	2	..	..	4	2	2	..	..	..	..	..	..	..	..
130.00	..	..	..	..	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..
125.00	..	..	..	..	..	..	..	..	3	..	3	..	..	..	..	..	..	..	..
120.00	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..
100.00	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..

* School nurse paid on 9 month basis.

3. Salaries paid District Supervisors

Total	84	81	3	8	3	4	1	..	..	..	..	..	..	..	..	..	..	..	..
$190.00	8	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
175.00	35	35	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
170.00	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..
165.00	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
160.00	20	20	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
155.00	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
150.00	18	18	..	4	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..
145.00	3	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
140.00	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..

4. Salaries paid Staff Nurses

Total	1132	1069	63	479	237	182	48	12	214	21	163	30	91	46	45	63	17	46	8
$175.00	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	5	..	5	..
170.00	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
165.00	..	..	..	40	40	..	..	..	..	..	..	..	..	..	..	..	..	..	..
160.00	136	136	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..
155.00	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
150.00	347	347	..	51	44	..	7	..	7	1	1	5	..	..	..	..	..	..	..
145.00	41	41	..	10	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..
140.00	119	119	..	39	10	11	12	6	24	..	23	1	1	1	..	11	5	6	1
135.00	148	148	..	102	73*	29	..	..	17	5	12	..	13	4	9	11	3	8‡	..
130.00	110	91	19	19	..	14	5	..	20	..	20	..	4	4	..	3	1	2	..
125.00	125	125	..	69	..	67	2	..	50	4	40**	6	20	3	17	12	5	7	3
120.00	9	..	9	5	..	5	..	..	37	..	37**	..	19	17	2	3	..	3	1
115.00	8	8	..	44	..	26	18	..	8	..	1	7	24	13†	11†	8	3	5	..
110.00	88	53	35	16	..	14	2	..	23	2	21	..	4	2	2†	3	..	3‡	1
105.00	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	2	..	2	..
100.00	..	..	..	81	60	13*	2	6	19	5	6**	8	5	1	4†	4	..	4	..
95.00	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
90.00	..	..	..	..	..	..	..	..	5	4	..	1	1	1	..	..	..	..	..
85.00	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
80.00	..	..	..	1	..	1	..	..	2	..	..	2	..	..	..	..	..	..	..
75.00	..	..	..	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..

* 55 school nurses paid $135.00 on a 10 month basis.
4 school nurses paid $100.00 on a 10 month basis.

** 20 school nurses paid $125.00.
4 school nurses paid $120.00.
5 school nurses paid $100.00.

† 7 school nurses paid $115.00.
2 school nurses paid $110.00.
3 school nurses paid $100.00.

‡ 5 school nurses paid $135.00 on a 10 month basis.
3 school nurses paid $110.00 on a 9 month basis.

The median salary paid staff nurses is higher for all departments of health than for all public health nursing associations. This is also the case in departments of health employing 50 or more nurses. In agencies of less than 50 nurses the median salaries paid by the two groups of agencies show no decided differences.

SALARIES OF ALL NURSES

Considering the salaries paid public health nurses by departments of health and by public health nursing associations together, we find that median monthly salaries are

Directors, superintendents or chief nurse	$200
Special and district supervisors	155
Staff nurses	130

It is interesting to compare these salaries with the median monthly salaries paid to workers in agencies throughout the United States engaged in family case work.* The median monthly salaries are

Executives in organizations with more than one worker	$200
Supervisors	180
Practising case workers	115

* Vocational Aspects of Family Social Work. American Association of Social Workers, 1926.

NEW N.O.P.H.N. REPRINTS

Report of Study of the N.O.P.H.N., Mary S. Gardner	.35
Child Guidance Clinics, Ralph P. Truitt, M.D.	.10
Normal Growth as a Public Health Concept, Arnold Gesell, M.D.	.15
Normal Development of the Child—How the Public Health Nurse May Contribute to It, Winifred Rand	.10
What the Industry Expects of the Nurse and What the Nurse Can Give to the Industry, Berry and other contributors	.15
Graphic Presentation of Public Health Nursing, Burgess and other contributors	.10

The Nursing Education Department of Teachers College, Columbia University, has recently published a special bulletin entitled *Twenty-five Years of Nursing Education in Teachers College*. The main events in the department's history are outlined and special attention is given to developments of the last few years in the different divisions of work. Some interesting graphs are presented and a number of articles on Alumnae Activities and interests of the department.

Copies of this bulletin are being sent to all former nursing students who have spent one year in the college whose addresses are on file. Others who may wish to secure copies should send their requests early to the department office.

THE HOSPITAL IN POETRY

The 1927 Calendar is now ready for sale—one of the best of the series published by the National League of Nursing Education. The Christmas Tree frontispiece by Anna Milo Upjohn is a delightful bit of color, and the illustrated poems are equally engrossing. Single copies are $1.00, an order of 50 or more 75 cents. Order from the League Office, 370 Seventh Avenue, New York City.

REORGANIZATION OF PUBLIC HEALTH NURSING SERVICES OF LOUISVILLE, KENTUCKY

By Bettie W. McDanald

Superintendent, Public Health Nursing Association, Louisville, Kentucky

The eighth of the series on Amalgamation or Federation of Public Health Nursing Services: Evansville, Indiana, June, 1925; Dayton, Ohio, October, 1925; Akron, Ohio, December, 1925; Charleston, West Virginia, February, 1926; Nashville, Tennessee, March, 1926; Charleston, S. C., June, 1926; Columbus, Ohio, September, 1926.

THE Public Health Nursing Association of Louisville came into being in 1920. It was formed by the amalgamation of the King's Daughters District Nursing Association and the Babies Milk Fund Association, both of which organizations had an honored past and were greatly beloved in the community.

Up to that time public health nursing in Louisville had developed along much the same lines as in nearly every other city—a different agency being responsible for the organization of each specialty in the field, some under private auspices, such as the Babies Milk Fund Association and the District Nurse Association and others under public auspices such as School Nursing and Tuberculosis Nursing. Each organization developed its own program with little thought of coördination and with the usual duplication and overlapping.

The amalgamation in 1920 of the first two agencies into the Public Health Nursing Association is described by Miss Sophie Nelson in the annual report of that date.

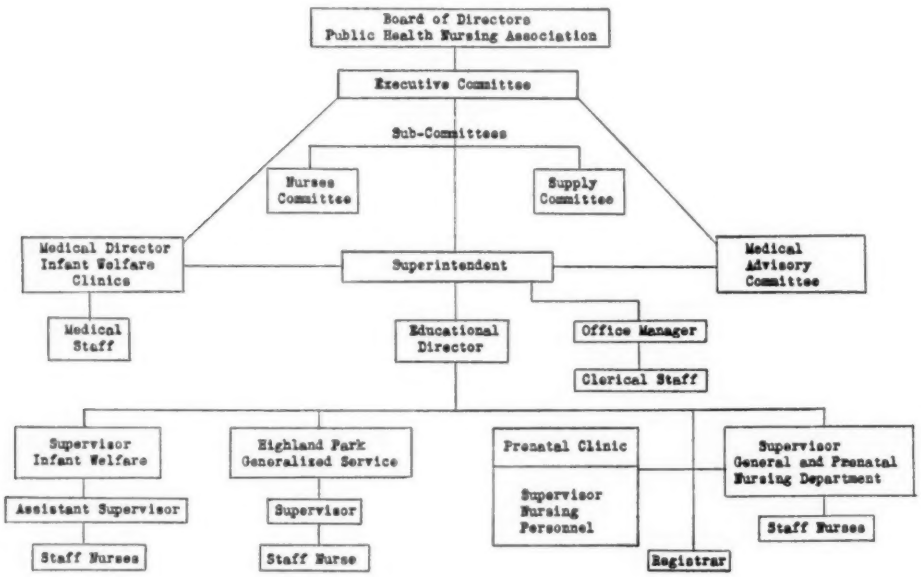
> In the spring of 1919 the Babies Milk Fund Association and the District Nursing Association were faced with the necessity of securing an executive for each agency. The advantage of a single organization—conceded by every one—and the necessity of filling both positions, led to the discussion of a possible consolidation of all nursing staffs of the city. Under the auspices of the Welfare League a meeting was called of representatives of all agencies in the city interested in public health nursing—the District Nursing Association, the Babies Milk Fund Association, the City Health Department, and the Anti-Tuberculosis Association. The outcome of this meeting was that the District Nursing Association and the Babies Milk Fund Association voted to try for a period of six months, the experiment of combining their work under the supervision of one superintendent.

The boards of the two organizations held a joint meeting at which the Director of the Welfare League presided and at which the details of the composition of a joint executive committee, the salary of the superintendent, etc., were decided by vote. Each board then appointed three representatives to serve on the joint executive committee for the length of time planned for the experiment.

At the end of three months so satisfactorily had the plan worked that in order to facilitate the making of budgets and to have the new organization ready for the beginning of the fiscal year of the Welfare League a permanent consolidation was agreed upon. The joint committee of the two organizations was empowered to draw up a constitution and by-laws for the incorporation of the Public Health Nursing Association of Louisville. According to these articles of incorporation a nominating committee of two members from each board proposed the candidates for the Board of Directors of the Public Health Nursing Association of Louisville. Fifteen were proposed from each board, all of whom were elected at the meeting held for the ratification of the constitution and the election of directors and officers December 30, 1919. Immediately following the election of the directors, the board was organized and officers were elected.

Although the City Health Department did not take part in this organization, the Health Officer immediately recognized the possible advantages to his department and asked the joint executive committee to assume the supervision of the school nurses employed by the city. The Public Health Nursing Association carried the supervision of the school nurses until the summer of 1922 when the Health Department employed its own supervisor and took over full responsibility for this branch of the service.

After the amalgamation of the two associations, the program was carried on under one general direction, but was departmental in function. That is, the Babies Milk Fund Association became the Infant Welfare Department; a separate prenatal department was organized and the District Nurses Association became the bedside nursing or general nursing department of the new Public Health Nursing Association. In the spring of 1923 this organization was studied by the Visiting Nursing Study Committee of the National Organization for Public Health Nursing. It was then recommended that two of the departments be combined since there was considerable duplication of visiting. This suggestion was finally approved by the Board of Directors of the Association and a district was chosen in which to try out the experiment of combining the prenatal and bedside nursing. The plan was put into effect in the fall of 1923. The results of the three months' experiment were convincing and it was decided to extend the consolidation to include all prenatal and bedside nursing work of the Association.



In January, 1925, further steps were taken to develop a generalized program in selected districts. The infant welfare and general nursing were combined so that one nurse could carry all babies, prenatal and bedside nursing cases in her district. We have now combined the nursing services in six districts and are watching results before definitely concluding to extend this program throughout the Association.

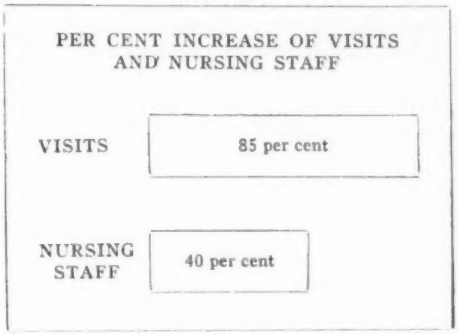
We employ three colored nurses who work exclusively among their own people, though they do not carry all of the colored cases cared for by the

Association. One of the nurses is doing a generalized service, one bedside nursing alone, and the other bedside nursing and carries a few prenatal cases. The colored nurses are assigned to their own districts as are the white nurses and are under the direction of the supervisor in charge of the department.

Financial Support

The Public Health Nursing Association, except for its earnings from patients' fees, fees from industrial nursing, and a small city appropriation, is supported entirely by the Community Chest. The Babies Milk Fund Association had a very small endowment fund, the District Nurse Association none. When the organizations were consolidated, no restrictions were placed upon the use of the income from this source. The annual budget presented to the Community Chest is presented in the name of the Association and the funds are disbursed to the Association, without reference to any particular branch of the work of the organization. The annual City appropriation, presumably, is made in recognition of the infant welfare work done by the Association but the money is appropriated to the Public Health Nursing Association and is placed in the general fund. With the growth in the work there has been a steadily increasing budget which illustrates to some extent the expansion in the program.

The graph given below, adapted from one made by Miss Anna C. Phillips for the Health and Hospital Survey of Louisville conducted by Dr. Haven Emerson and Miss Phillips, illustrates somewhat the development of the work of the Public Health Nursing Association.



The number of visits increased 85 per cent in 1924 over the number made in 1920, while the number in the nursing staffs increased only 40 per cent.

Under the title of *A Boys' Referendum* the *New York Times* makes editorial comment on the results of a questionnaire sent out by a World's Committee of the Y.M.C.A. to youths all round the planet in order to disclose "the true aspirations and real problems" of the younger generation.

Especially gratifying is the disposition to put the old folks in their place, if there is any left for them. A lad of Denmark says sententiously that "adults hinder youth by not leaving them in peace to grow." A stripling of England finds that "Conditions of life have changed"; but he is restrained in his criticism of the elderly culprits; "Older people are sometimes old-fashioned and childish." Why not tell the whole truth? They all are, hence the proverb: "Teach your grandmother to suck eggs." Some budding Aldous Huxley pierces the "problem" through the heart: "Something might happen if adults did the work and youth the directing."

We don't know where the present old-age limit begins; probably at 25 or sooner. Yet it is pleasant to know that "the old" are not cumberers of the ground. Somebody must work, at least until the no-hour day of labor dawns. Let the old do it. Youthful direction they will never lack.

From South Africa speeds the golden and final word about girls: "Don't worry much about them, but take them as a matter of course." O Paris of Troy! O Don Juan Tenorio of Seville!

BOOK NOTES

THE NEWER KNOWLEDGE OF NUTRITION

(New Third Edition)

By E. V. McCollum, Ph.D., Sc.D.
and
Nina Simmonds, Sc.D.

The Macmillan Company, New York City.

Those who have used the first and second editions of *The Newer Knowledge of Nutrition* by Drs. E. V. McCollum and Nina Simmonds will be delighted to know that there is now a third edition. It has been almost entirely rewritten and the subject matter has been brought up-to-date, or to be more accurate, was up-to-date when it went to press, and what more can be said in the rapidly developing field of nutrition? Through the historical treatment of the subject the authors have succeeded in presenting a comprehensive picture of the later developments in the science of nutrition. They have picked out the pieces of research that have most immediate and direct application to the practical problems of food selection and have put them together into a unified whole. It will be an invaluable reference to those in the general field of health who wish to have experimental evidence to support the generally accepted principles of nutrition. To those who want to make use of original sources the bibliography will be especially helpful.

MARGARET SAWYER

JIMMIE AND THE JUNIOR SAFETY COUNCIL

By Stella Boothe

World Book Company, Yonkers, N. Y. 1926.

In this number we have written of the loss we have all sustained in the sudden death last month of the author of this little book. These pleasant stories were written recently by Miss Boothe partly with the idea of stimulating boys and girls to organize Junior Safety Councils and partly as a contribution to popular literature on safety education. It is an outcome of the theatre built by the author in 1923 for the National Safety Council to present visually safety methods. Jimmie, Mary Gay and the other characters in these stories are as entertaining as they are useful and will add to the list of Miss Boothe's gifts to us of dramatic presentation.

Volume I of the American Health Congress Series is now ready. This volume contains the Proceedings of the General Sessions together with an index of the published papers. The papers included in this volume are:

A Plea for a National Health Association, Lee K. Frankel, Ph.D.
Values in Public Health, Sir Arthur Newsholme, K.C.B., M.D.
Whose Business Is Public Health
The Standpoint of the Layman, William Jay Schieffelin, Ph.D.
The Standpoint of the Practicing Physician, Clarence D. Selby, M.D.
The Health Officer and the State, C.-E. A. Winslow, Dr.P.H.
Progress and Problems of Dentistry as Relating to the Future of the Race, Sheppard W. Foster, D.D.S., F.A.C.D.
Mental Hygiene: Wise and Unwise Investments, Charles P. Emerson, M.D.
The Health Committee of the League of Nations, Alice Hamilton, M.D.
Development of International Collaboration on Public Health Activities, René Sand, M.D.
International Organization for World Health, George E. Vincent, M.D.

The price of this volume is $1.00. National Health Council, 370 Seventh Avenue, New York City.

Under the—we think somewhat unfortunate—title of "The Impossible Profession" Martha Bensley Bruère writes of the Nurse and her relation to the Doctor and The Third Partner in the September number of the *Century*. Mrs. Bruère thinks that "we"—the public—have "brought about a situation between the Trained Nurse and The Public in which both have good cause to feel aggrieved" and that "balanced precariously between feeling and reason, we suffer from what modern psychiatrists might call a split personality and comfort ourselves with complaints." She proceeds understandingly and fairly to discuss the service which the nurse must and does render the community, the demands and "complaints" of the public and her own ideas and suggestions as to possible remedial and preventive measures for the "situations" outlined. All nurses will be interested in this presentation of their work and problems.

The Statistical Report of Infant Mortality in 697 Cities of The United States for 1925 has recently been published by the American Child Health Association. The report contains a large chart with tables and graphs. We suggest this publication as an admirable source of information and the chart as a valuable exhibit in the offices of public health nursing associations.

A change of editorship has been made in that excellent journal, *The Pacific Coast Journal of Nursing*. Miss Elsa Gidlow replaces Miss Margaret Rice whose work during the past two years has added so materially to the success of the *Journal*. We wish the new editor an equal success.

NEWS NOTES

With deepest regret we write of the death on August 14, 1926, of Stella Boothe Vail, R.N. Miss Boothe, who graduated from the Children's Hospital, Columbus, Ohio, in 1913 and was married to Edward Vail of New York in 1924, has given most of her time since her graduation to surveys and educational work. Since 1920 she has used her artistic and creative talents in lecturing and the preparation of widely known models and exhibits in the interests of health projects. In 1925 she was appointed Associate Director of the Museum of Hygiene—arranged very largely from her plans and suggestions—of the New York University Medical School.

The nursing exhibit at the Sesqui-Centennial Exposition in Philadelphia, arranged by the National Nursing Organizations, was conceived and planned by Miss Boothe who took entire charge of the erection and oversight of the exhibit.

On August 12 she became suddenly ill, was taken to Philadelphia General Hospital, was operated on for acute appendicitis and died the second day following the operation. Her sudden death was a great shock to her many friends in the profession to which she has contributed so uniquely and generously and the loss of her charming gifts employed with such enthusiasm towards the furtherance of the plans in which she interested herself will be very greatly felt.

Miss Boothe is perhaps best known to our members by her delightful invention of the Stella Boothe Suitcase Theatre which, with the help and encouragement of the Child Health Association, she prepared at her New York studio with the Mary Gay stories which accompanied it. Also through her article, "Let's Go to the County Fair," published in THE PUBLIC HEALTH NURSE August, 1923, and later contributions on the same subject.

Public health nurses are well represented among the winners of the first Harmon-Survey Quarterly Award whose names have just been announced. Mrs. Mary Breckinridge, Lexington, Kentucky, has won first place and the prize of $250 for her article "An Adventure in Midwifery." Miss Dorothy Deming, Holyoke, Massachusetts, has honorable mention for her article "Selling Health Through Washing Machines" and Miss Katherine Faville, of Lake Mills, Wisconsin, similar mention for "A County Adventure in Dental Hygiene." The second and third places were won by Mrs. S. B. Whittier of Chattahoochee, Georgia, and Ella G. White of Austin, Texas, respectively.

The biennial meeting of the Canadian Nurses' Association was held in Ottawa, August 23–27. The beautiful memorial to the Canadian nurses who died during the great war, the cost of which was contributed by Canadian nurses, was unveiled during the meeting. The monument will be placed in the new Parliament Building in Ottawa.

The national nursing associations have had the pleasure this month of greeting Miss Gladys Stephenson, a member of the National Nursing Association of China, and chairman of the Program Committee of the International Council of Nurses. Miss Stephenson, a missionary nurse in China for fifteen years, has been granted a year's furlough and has been spending the last six months in traveling and in England. She is now in this country for several months observation and also for a course in the Western Reserve University in Cleveland.

Miss Stephenson tells us that all the hopes and promises Miss Cora Simpson made in Atlantic City of the hospitality China is preparing for the meeting of the International Council of Nurses in Peking in 1929 are more than true, even to the astounding fact that a university is being completed in time to greet the visiting nurses. She also tells us that the convention of trained nurses, men and women, in China this year was splendidly attended and of great interest.

Miss Helen L. Bridge, Director of the Warsaw School of Nursing, Poland, calls our attention to an error appearing in the July number of THE PUBLIC HEALTH NURSE. The note announces the appointment in the near future of a Polish graduate nurse to be appointed to serve as a member of the General Public Health Service, as Vice-Minister in the Ministry of the Interior of Poland. The statement that the nurse appointed will be rated as a Vice-Minister is incorrect. Miss Bridge says they hope the nurse will assume her duties not later than October first. She adds the following:

The Ministry of Health was abolished in Poland several years ago and in its place the co-called "General Direction of the Public Health Service" was created as a department in the Ministry of the Interior. The head of this department is called the General Director of the Public Health Service. The present Director of the service, Dr. Czeslaw Wroczynski, is extremely sympathetic with problems of nursing and is eager to have a qualified graduate in the department to coördinate the various nursing activities. We feel that the appointment of a Polish nurse in this position is a

great step in advance and that it bodes well for the future.

The Oregon State Board for Examination and Registration of Graduate Nurses will hold an examination for applicants for registration on October 21st and 22nd, at Portland, Oregon. Grace L. Taylor, Secretary-Treasurer, 448 Center Street, Salem, Oregon.

The Michigan Board of Registration of Nurses and Trained Attendants will hold an examination for graduate nurses and trained attendants in Lansing, Michigan, October 20th and 21st, 1926.

AUTUMN MEETINGS

The Fifty-fifth Annual Meeting of the American Public Health Association to be held in conjunction with the annual conference of the New York State Health Officers and Public Health Nurses at Buffalo October 11–14 promises to be one of unusual interest.

At the General Sessions Dr. C.-E. A. Winslow, President, will deliver the annual address. Charles T. Rogers, M.D., will speak on The Relation of Industrial Hygiene to Public Health, Irving Fisher, Ph.D., on The Lengthening of Human Life in Retrospect and Prospect and Hollis Godfrey, M.D., The Problem of Community Organization to Meet an Epidemic Situation.

At the Special Dinner Session on Health Demonstrations in the United States Livingston Farrand, M.D., will speak on the philosophy of Health Demonstrations, Walter H. Brown, M.D., on The Organization of Health Demonstrations, Homer Folks on The Financial Aspects of Health and Louis I. Harris, M.D., on the Value of Health Demonstrations to Health Officers.

At the session on Rural Health Work J. H. Mason Knox, Jr., M.D., will speak on The Health Hazards of Rural Mothers with a discussion by Donald B. Armstrong, M.D. H. E. Miller of the State Health Department, North Carolina, will talk on Rural Sanitation followed by John L. Montgomery on Community Program (Grow from Within or Without), and W. S. Rankin, M.D., on Rural Medical and Hospital Service.

There will be special sessions on Milk, Ventilation, Teaching Health, Municipal Health Administration and Public Health Administration.

At the meeting on Municipal Health Administration Haven Emerson, M.D., will deliver the report of the Committee on Communicable Diseases, Louis I. Harris, M.D., on How the Appraisal Form Served New York City and A. W. Freeman, M.D., on How to Prepare a Budget for a City Health Department.

At the meeting on Public Health Administration Henry F. Vaughn, Commissioner of Health, Detroit, will speak on The Health Department and the Practising Physician. Don M. Griswold, M.D., on Heart Disease as a Public Health Problem. The Value and Use of Health Department Bulletins will be the subject of a talk by Herman N. Bundesen, M.D. Dwight M. Lewis, M.D., will speak on Insufficiencies in Methods of Control of Certain Respiratory Diseases and Julius Levy, M.D., will speak on Training Teachers to Teach Health.

At the first session on Child Hygiene Esther Beith, Toronto, will speak on The Infant, John T. Phair, M.B., on the School Child, J. Louden on The Handicapped Child and Alan Brown, M.D., on The Rôle of the Hospital for Sick Children in Correlating the Agencies Interested in Child Health. At the second session School Health Procedure will be outlined and criticized. William A. Howe, M.D., will speak on The Physician, Beatrice Short on The Nurse.

The program includes a clinic on posters, sessions on vital statistics, industrial hygiene and public health engineering. A special program is being arranged by the National Committee for Mental Hygiene. Dr. Frankwood Williams will speak October 11th on The Rôle of the Public Health Nurse in Community Mental Hygiene.

PUBLIC HEALTH NURSING SESSIONS

Monday Morning, October 11th. **Advisory Committee on Nursing in Relation to Public Health Nursing Projects in Official Agencies.**

Discussion.

Jules L. Blumenthal, D.P.H., New York City.
Cora M. Templeton, D.P.H., Cleveland, Ohio.
Mrs. George G. Hunter, President, Michigan State Federation of Women's Clubs.

Monday Evening, October 11th. **Dinner Session.**

Thursday Morning, October 14th. **Nursing in Relation to the three plans submitted for Municipal Health Department Practice.**

Discussion.

W. F. Walker, D.P.H., New York City.
C.-E. A. Winslow, D.P.H., New Haven, Connecticut.
Louis I. Harris, M.D., New York City.
Grace Ross, Detroit, Michigan.
Eunice H. Dyke, Toronto, Canada.
Mrs. Anne L. Hansen, Buffalo, N. Y.

The Fifth Conference of the International Union Against Tuberculosis to be held in Washington September 29 to October 2 will be immediately followed by the Twenty-second Annual Meeting of the National Tuberculosis Association, October 4 to 7. Many distinguished visitors will be present at the meeting of the International Union and will take part in its program.

Dr. William Charles White will address the National Tuberculosis Association during the first day on Coöperative Research in the United States and Sir Henry Gauvain will follow him with a talk illustrated by moving pictures. At the Session on Immunization Dr. Ernst Lowenstein will talk on Natural and Artificial Resistance Against Tuberculosis in Man and Animals and Professor A. Calmette and Dr. B. Weill-Halle on Vaccination of New Born Infants Against Tuberculosis by the B. C. G. Process. At the Session on X-ray and Heliotherapy on October 5th Dr. Marc N. Jaquerod will speak on The Natural Processes of Healing in Pulmonary Tuberculosis and Dr. A. Rollier on The Social Importance of Heliotherapy in Surgical Tuberculosis. At the Session on General Treatment of Tuberculosis on October 6 Professor Friedrich Muller will speak on Difficulties and Errors in the Diagnosis of Tuberculosis and Dr. David R. Lyman on The Medical Treatment of Tuberculosis.

The Medical Session will hear Dr. Edouard Rist on Results of Pneumothorax Treatment, Professor Leon Bernard on The Onset of Tuberculosis in Man, Dr. F. Jessen on The Only Way to Eradicate Tuberculosis, Dr. Jabez H. Elliott on Tuberculosis in Childhood and Dr. E. Rosencrantz on The Effect of the Influenza Epidemic on Pulmonary Tuberculosis.

At the Session on Hospitalization Dr. F. J. H. Coutts will talk on A County Tuberculosis Scheme, Dr. G. B. Roatta on The Control of Tuberculosis in Florence, Dr. James A. Britton on A City Tuberculosis Scheme, Mr. G. J. Drolet on Hospitalization and Its Results.

Bailey B. Burritt will speak on Experience with a Home Hospital Method at the Session on Home Supervision and Control of Contacts; Dr. Joseph H. Pratt and Dr. H. A. Pattison will speak on Adequate Medical Care in Homes, Dr. H. R. M. Landis on Tuberculosis in the Negro and Miss Ida M. Maturen on Social Service, A Factor in the Home Treatment of Tuberculosis.

At the Session on Demonstrations on October 7th Dr. Donald B. Armstrong will speak on Methods and Results in Framingham, Dr. George C. Ruhland on Tuberculosis in a Demonstration City, John A. Kingsbury on Tuberculosis Demonstration in a County and Dr. Louis I. Harris and Dr. Robert E. Plunkett on Health Department Supervision, Reporting and Follow-up Work.

NURSING SECTION

Miss Alta E. Dines, *Chairman*

Tuesday, October 5th. **Session on the Special Training of the Tuberculosis Nurse and its Coördination with Nurse Training.**

Address by the Honorary Chairman—Miss Annie W. Goodrich.

A Course of Training for Public Health Nursing in France and the Use of the Tuberculosis Dispensary as a Field of Experience—Mlle. Helene Mugnier, Lyon, France.

The Special Training of the Tuberculosis Nurse—Miss Katherine J. Densford, Chicago, Illinois, and Miss Delya E. Nardi, Rutland, Mass.

The Problem of Theoretical and Practical Training for the Tuberculosis Nurse—Dr. Edward R. Baldwin, Saranac Lake, N. Y.

Discussion—Miss Katherine G. Amberson, Saranac Lake, N. Y.

Wednesday, October 6th. **General Discussion of Nursing Programs, Tuberculosis and Public Health Nursing.**

A Generalized Program—Miss Grace L. Anderson, New York City.

A Rural Nursing Program—Miss Laura Gamble, Olean, N. Y.

Tuberculosis Nursing in a General Service Program—Jane C. Allen, New York City.

The Ninth Annual Meeting of the American Dietetic Association will be held in Atlantic City October 11 to 13 with an interesting program. Among other subjects of discussion will be:

The Rôle of the Dietitian in Planning the New Hospital
Advancement in the Basic Sciences—Physiology, Chemistry, Economics, Teeth and Diet
Our Present Knowledge of Rickets
Diabetes in Children
Use of Egg in the Child's Diet
Temperament Problems in Relation to Food

Dr. Ruth Wheeler, Professor of Physiology at Vassar College, will preside at a banquet on the evening of October 11th where Dr. J. J. R. MacLeod of insulin fame will speak of recent advances in physiology and Dr. Julius Stieglitz of the University of Chicago will outline the latest progress in chemical research.

The international cancer congress known as the Mohonk Symposium and made possible by the generosity of John D. Rockefeller and a committee met at Lake Mohonk September 20th–26th. It was the first international meeting ever held on the purely practical aspects of cancer. We hope to publish a fuller account of it in an early number.

The Fifteenth Annual Congress of the National Safety Council will be held at Detroit, Michigan, October 25th–29th.

The American Library Association will hold its annual conference in Atlantic City October 4th–9th.

The annual conference of the Playground and Recreation Association of America will be held in Atlantic City October 18th–22nd.

The Association of American Medical Colleges will have its annual meeting in Cleveland, Ohio, October 25th–27th.